

FOLK HEALTH BELIEFS AND PRACTICES

OF RURAL BLACK VIRGINIANS

by

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afterlife are all shown to relate to health, sickness, and healing. The relative strength and influence of sacred and secular beliefs vary with individuals according to experience, family interaction, religious training and personal philosophy of life.

Resources for health advice, for understanding of body concepts, and for therapeutic measures for sickness include: family, pastors, books, friends, the public media, and allopathic medicine. As it is believed that both general and specific factors affect health, people draw upon both in dealing with health needs. Since health is a multifaceted concept, health practices require a multifaceted approach. Elements from all parts of the ethnomedical system are combined, with people turning to spiritual, physical and psychosocial approaches and resources in resolving health matters. Varying and, at times, conflicting approaches may be used concurrently.

This study has implications for nursing practice, education and research. The need for inclusion of cultural aspects in client care and the need for further research are discussed and explored.

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## CHAPTER I

### THE RESEARCH PROBLEM

#### Introduction and Rationale

As Foster and Anderson (1978) have pointed out: "health and illness are as much social and cultural phenomena as they are biological" (p. 7). Research into the cultural aspects of health and illness, particularly studies of contemporary American society, however, is still not extensively carried out. Investigations which have been completed suggest strong interrelationships between cultural beliefs about health and the health practices which people choose to follow.

In addition, social, political and economic factors impinge upon health and influence cultural beliefs and practices related to health. Yet the United States health care delivery system has generally been based on a biomedical model which does not reflect sociocultural, political or economic factors.

In order to better understand the complex context of American health care, further research is needed to explore and describe the nature of this context.

Such knowledge of the cultural context of people is required if health care which is culturally appropriate for those people is to be planned and implemented. However, researchers in the health professions have contributed all too few studies relating to cultural facets of health and sickness, and educators or practitioners in the health professions have been slow to incorporate findings of anthropologic studies either into delivery of care or educational curricula.

Yet, nurses engaged in clinical practice must frequently work with peoples from diverse cultural backgrounds. To provide effective quality nursing care, nurses should have knowledge of cultural differences, especially in regard to clients' health beliefs and practices. An important step toward this goal is to carry out nursing research which investigates cultural aspects of health and illness. Despite the need for such research and the encouragement for over a decade of a few nurses academically prepared in anthropology, very few ethnographic or other culturally oriented studies have appeared in the nursing literature (Glittenberg, 1981; Leininger, 1969, 1978; Ragucci, 1972). Within the specific topic area of Afro-American folk health beliefs or practices, no ethnographies by nurses were found in published works.

### Purpose

The purpose of my ethnographic research was to explore and describe the folk health belief system of black Virginians living in a rural community. The term "folk" is widely used in the literature but not widely defined. Other terms used interchangeably with "folk," such as "traditional," "indigenous," or "popular" do not serve to clarify the meaning. In this study, "folk" will be used to mean "of the people" and will refer to peoples' own understandings, ideas, and practices. This study does not attempt to identify the degree of "scientific fact" associated with specific beliefs and practices, but instead to examine and describe those health beliefs and practices prevalent among Southern rural black folks.

Further, this research seeks to determine the meaning of concepts about health within the larger sociocultural framework of the study participants. The social, political, and economic contexts of informants' lives are examined for their relationship to health beliefs and practices. The study has an underlying goal of contributing to the knowledge base relative to Southern rural blacks and their health behaviors.

## Belief and Superstition

As Hill (1972) has pointed out, some people use the terms "belief" and "superstition" more or less interchangeably. Published materials have at times reflected this practice, such as Webb's (1971) excerpt from her master's thesis entitled, "Louisiana Voodoo and Superstitions Related to Health." Typically some people may refer to other peoples' conceptualizations as "superstitions" and their own as "beliefs" or even "facts."

The word "superstition" has a pejorative flavor, since the meaning attributed to it is usually one of irrational ideas or thoughts. Jahoda (1969) suggests that certain beliefs are "clearly false" and, therefore, could be labeled "superstitions" and states that much of "folk" medicine" would fit this label (pp. 1-13). However, this comment appears to reflect a very subjective value judgment, since what is "clearly false" to one person is not necessarily "clearly false" to another. Indeed, many pharmaceutical products evolved from folk remedies which, no doubt, were at one time considered superstitions by some people.

The term "belief" does not seem to invoke the negative reactions associated with "superstitions," although one author has criticized its broad usage,

suggesting that it is not feasible to recognize the state of belief (Needham, 1972). The term "folk beliefs" is frequently used by anthropologists, and Murphree (1976) offers a definition: "widely accepted views and opinions based on empirical experiences" (p. 111). She suggests that such beliefs are as contemporary as they are historical, a proposition supported by modern American ethnographers.

For the purposes of the present research, "belief" is defined as a cognition which involves confidence in the truth or existence of something not immediately susceptible to rigorous proof. The term is not an absolute one, as there are degrees of confidence possible. It is also understood that a belief is not necessarily predictive of behavior. People do not always act on their beliefs. Thus, my study explores the stated health beliefs which are expressed by a group of black folk in rural Virginia.

### Community and Culture

The literature abounds with definitions of culture and of community. Sometimes these terms are used synonymously. In this study, Hughes' (1981) definition of culture is utilized:

Culture is a learned configuration of images and other symbolic elements widely shared among members of a given society or social group which,

for individuals, functions as an orientational framework for behavior, and, for the group, serves as the communicational matrix which tends to coordinate and sanction behavior.

This description of culture includes its essential elements: learned behavior, pattern or system, use of symbolic expressions shared by group members, a guide for behavior, and a communication network. Two additional features implied but not stated are: the dynamic quality of culture, with some patterns changing rapidly and others remaining stable for extended periods, and the contribution of political systems or subsistence patterns.

Community has been defined both by structure and by function. Structural or territorial definitions generally refer to aggregates of people in a given locale, such as a neighborhood community or a hospital community. Functional or relational definitions, in contrast, refer to aggregates of people sharing some identified need, purpose or background, such as the communities of nurses or of blacks. In functional definitions, members of the community may or may not be geographically together (Gusfield, 1978).

The relationship between community and culture is described differently by different persons, according to C. Valentine (1968). However, his conception of the two terms is the one accepted in this study:



The bearers of a culture are understood to be a collectivity of individuals such as a society or a community. One important implication of this formulation is that culture and society are not the same. . . . The cultural patterns that shape the behavior of people in groups should not be confused with the structure of institutions or social systems (p. 3).

Following Valentine's line of thinking, the social, political and economic contexts of the community or society in which the health culture of study participants has evolved will be described and discussed along with the description of the health culture itself.

### Background

Statistics have shown a lower rate for utilization of health services by blacks than by whites. Similarly, the poor and rural segments of society have low utilization rates (M. Haynes, 1975; Hill & Mathews, 1981; Sackett & R. Haynes, 1976, p. 29). Unfortunately, these lower rates are not indicative of fewer health problems. Indeed, Reynolds (1976) has shown that of the approximately 55 million residents of rural America, 16.4% have some activity limiting chronic illness as contrasted with only 9.8% in major urban areas. In addition, M. Haynes (1975) has reported that blacks die at an earlier age than whites and have a higher rate for all the major causes

of death. The mortality rates are higher for virtually every age from infant to 70 years.

Utilization of health services is an issue similar to that of compliance with medical regimens. For both issues there is a tendency in published works to place emphasis on what the client is or is not doing rather than on problems with the system or the providers of care. Several studies of compliance have examined the effects of counseling, patient education programs, or personality factors of clients, but no study was found which investigated cultural factors of client or health provider in relation to compliance (Gillum & Barsky, 1974; Linde & Janz, 1979; Parkin, Henry, Quirk & Crooks, 1976; Tanner & Noury, 1980; P. Webb, 1980).

Compliance assumes that the person has entered the allopathic medical system. Many problems may stem from difficulties getting into the system or regularly participating. Some aspects of noncompliance and underutilization are related to socioeconomic factors such as transportation, family responsibilities, and finances. As will be demonstrated in the present study, cultural factors and barriers within the allopathic medical system are relevant as well. It cannot be assumed that persons who are not utilizing the

official allopathic system are not participating in any health system. Alternative sources of health care are available and embraced by many persons (Hill & Mathews, 1981; Moore, Van Arsdale, Glittenberg & Aldrich, 1980; Powers, 1982; Snow, 1974; Strauss & Glaser, 1975, chap. 2).

The above data on both blacks and rural residents regarding health problems and use of allopathic medicine underscore the need for further research in the area of health beliefs and practices of rural blacks.

The remainder of this section of the chapter will be devoted to a review of major studies of black culture and research specifically investigating health beliefs or practices of blacks.

### Studies of Black Culture

Research relating to various aspects of black culture has been carried out by folklorists and historians as well as anthropologists. Much folklore literature focuses on historical tradition and content of tales which have survived over the years and is not pertinent to the purpose of the present study (Dance, 1978; Dundes, 1981; Perdue, Barden & Phillips, 1976). A few folklorists have devoted more attention to folk health beliefs and practices and their studies will be reviewed with other similar literature

(Hurstons, 1935; Hyatt, 1970; Puckett, 1926).

One notable historical investigation of black culture is that of Levine (1977), who argues persuasively for the recognition of a viable Afro-American expressive culture which, he emphasizes, has been transmitted "through the years of slavery and into the present century" (p. 444). Levine points out the difficulties of identifying cultural elements through written sources when racism often resulted in censorship or other alteration of black history by whites who recorded it, as well as by blacks.

Major ethnographies of Afro-American culture have focused predominantly on urban settings in the northern United States. Since most blacks live in urban and not rural areas, this emphasis is not surprising. In addition, the research for all of these urban studies was carried out in the 1960s, although one extended into 1973, and the population studied was low income or "ghetto" residents (Hannerz, 1969; Liebow, 1967; Rainwater, 1971; Stack, 1974; B. L. Valentine, 1978).

Hannerz (1969) and Liebow (1967) both gathered most of their data through their interactions and observations with adult males. Rainwater (1971), Stack (1974) and Valentine (1978) concentrated more on

family life. An important contribution made by both Hannerz (1969) and Liebow (1967) was their demonstration of the major role played by social and institutional forces in a continued cycle of poverty for black ghetto dwellers. Earlier works tended to describe the people themselves as the problem. An important contribution made by Stack (1974) and Valentine (1978) was their demonstration that poor blacks share their resources through an active and extensive networking system and do not necessarily have female-headed kinship systems. The latter point relates to the discrepancies between official records and actual living arrangements.

There have been few cultural studies of blacks living in the rural south. Powdermaker (1939) carried out fieldwork in rural Mississippi in the early 1930s with a focus on black culture. She utilized the traditional ethnographic methodology of interviews and participant observation, although she did not reside in the black section of the community. She was one of the first anthropologists to study an Afro-American community. Of particular interest to me were her findings relative to folk beliefs, which she labels "superstitions" (pp. 286 ff.), such as beliefs in visions of future events or in hoodoo. Powdermaker

believed that vestiges of African culture were destroyed by slavery.

A more recent study of rural black culture is Dougherty's (1973) ethnography of female adolescent maturation in a Florida community. She provides a detailed description of the maturation process in that rural locale. Like the other researchers who have been mentioned thus far, Dougherty did not include data on health beliefs and practices of the study population.

#### Studies of Health Beliefs and Practices

The literature addressing the topic of health beliefs and practices of blacks represents several disciplines and varies greatly as to specificity of focus and sophistication of research. Studies which pinpointed specific aspects of health will be mentioned briefly to illustrate the range of investigative work on the topic of health beliefs and practices.

Kiple and King (1981) offer an historical study of disease susceptibilities and immunities and nutritional concerns among Afro-Americans, reaching back to West African data from the period preceding slavery. The authors show how the allopathic medical system has often failed to recognize or acknowledge

specific needs or problems of blacks, and how racism is a key factor in this problem.

Semmes (1981) studied the conversion of Afro-Americans in a northern city "from exclusive use of modern orthodox medical care" to use of a "natural system of health care" called naprapathy (p. 254). Semmes suggests that social scientists have often viewed alternative natural healing systems "only as a form of deviance or purely as an impediment to the most effective internalization of medical beliefs" (p. 255). He concludes that naprapathy permits formal expression of a black naturalistic healing tradition.

Childbirth beliefs were the focus of investigation by Frankel (1977) among poor black women in a Philadelphia hospital. The researcher describes folk beliefs about pregnancy, contraception, miscarriage, the postpartum period, and newborns. Although reported in 1977, her data were collected in 1968, raising a question as to their currency. In the present study some 1982-83 childbirth beliefs of rural blacks are discussed.

One popular topic for research of black beliefs is religious practices and their relationship to health. Baer (1981), an anthropologist, conducted 20 months of fieldwork among 11 "Black Spiritual

churches" in Nashville, Tennessee during the late 1970s. He argues that while the Spiritual religion provides an important coping mechanism through "folk psychotherapy" for a segment of the black population, it is at best compensatory rather than corrective. Baer advocates a "drastic transformation in the social structure of American society" (p. 166) as the only means for eliminating the problems experienced by most adherents to this religion.

Another study of smaller dimensions was carried out by staff of a mental health center in New Haven, Connecticut (Griffith, English & Mayfield, 1980). The authors observed a weekly prayer service of an independent black church for eight consecutive summer weeks as part of a larger study focusing on "the function of spirit possession in a religious service" (p. 121). They also interviewed participants after each service. They concluded that the observed services provide a resource for meeting mental health needs.

In a different vein, Hall and Bourne (1973), two psychiatrists, interviewed and observed "indigenous therapists" of a black ghetto community in Atlanta, Georgia over a six-month period. The authors categorize the therapists as: root doctors, who operate



herbalism shops; faith healers, who include "denominational ministers" and "storefront prophets" (p. 139); magic vendors, who operate shops selling magical herbs and devices; and neighborhood prophets, who help their neighbors through prayer, free of charge. This classification is confusing in that natural, spiritual, and magical forms of healing are lumped together. The study is marred also by some conclusions which are not supported by any data shared with the reader.

Nursing research. As mentioned earlier, no ethnographic study of black health beliefs or practices was found in the nursing literature. However, three studies addressing the general topic area have been reported. J. Webb (1971), for her master's thesis, investigated "voodoo and folk superstitions concerning health" (p. 293) by interviewing 21 black and 2 white female public health clinic patients in Louisiana in 1967. She also sent questionnaires to nine public health nurses. Unfortunately, the weaknesses of this study, as reflected in the confusion of voodoo with what Webb labels "superstitious beliefs" (p. 296), in researcher bias, and in a reporting style which belittles the patients' beliefs, detract from the potential contribution Webb's data could have made to our knowledge of folk health beliefs and practices.

Another nurse reported data on "root work" beliefs, one focus of her doctoral research which combined higher education, anthropology, and nursing (Rocereto, 1973). The only methodologic detail included in her description of her data was that "150 people were interviewed" (p. 416). Since she refers repeatedly to blacks, evidently some, if not all, of the 150 people were blacks. She describes several cases illustrating examples of the root work beliefs shared with her and then recommends that nurses be taught how to elicit cultural beliefs from patients. Rocereto (1973) concludes that "there are still groups in American society where supernatural and superstitious health ideas abound" (p. 425).

A third nurse completed a doctoral dissertation on "Black American Versus White American Health Belief and Health Care Communication" (Duncklee, 1979). However, this study was completed for a degree in communication and reflects neither the epistemologic nor methodologic stance of crosscultural research. Utilizing a 98-item structured questionnaire administered to 142 white and 58 black hospitalized patients, Duncklee sought data on beliefs about health and illness. She concluded that "cultural differences which existed were usually based on myth, superstition and

lack of education" (p. 132). Duncklee's study, which contains many biased assumptions leading to inaccurate conclusions, contributes little to knowledge of black or white folk health beliefs.

Folklore studies. Two classic folklore studies have added substantially to the literature on black folk beliefs, particularly in relation to health. Both Puckett (1926/1968) and Hyatt (1970) collected and recorded extensive examples of beliefs. Hyatt's original study was published in 1935 based on interviews with 1,605 blacks located throughout the southeastern United States. In the 1960s Hyatt returned to the South to determine if the beliefs shared with him earlier were still extant, and found that many were.

Ethnographies of black health culture. Two anthropologists, Snow and Hill, have investigated folk health beliefs and practices of black Americans in depth. Snow (1971) studied the folk medical system of a group of blacks in a low-income Tucson, Arizona neighborhood. Subsequently she has published several works largely based on the data from her original research (Snow, 1974, 1977; 1978; 1979). In the initial study, 47 adults living in 37 households were intensively interviewed over a seven-month span in 1970-71.

Informants ranged in age from 36 to 85 years old. Of the 43 informants for whom religious affiliation was known, the majority (23) were Baptist, 7 were Pentecostal, 7 were not affiliated with a religion, and 6 represented several different faiths. Snow attended and observed in church services, including a Pentecostal healing night, a Baptist revival and other special programs. She also attended community meetings.

Snow describes in detail the folk medical system operating in the setting of her study. In her 1974 publication of her study, she identified three major themes from the data: "that the world is a hostile and dangerous place . . . the individual is liable to attack from external sources . . . the individual is helpless and has no internal resources to combat such an attack" (p. 83). Snow (1971) found that illnesses were classified into "natural" and "unnatural" categories. "Natural" illnesses were subdivided according to whether they were caused by failure to protect oneself from certain natural forces or by failure to abide by divine laws. "Unnatural" illnesses were "a result of man's place in society" (p. xi) and were subdivided according to whether they were caused by mental worries or by witchcraft. The

ability to cure sickness was believed to be a gift from God. Snow's research explicated a hierarchy of healers according to ability, method and power, with medical doctors being low in the hierarchy and persons "born with the gift" of healing at the pinnacle.

Snow (1971) concluded that the belief system of her study is a composite including elements from African origin, from slavery folk and biomedical beliefs and from contemporary allopathic medicine. She found the beliefs of Tucson blacks to be inextricably meshed with fundamentalist religious beliefs. She also found many points of conflict between informants' folk beliefs and allopathic medicine.

Hill (1972) studied the folk medical beliefs and practices of blacks and whites in rural west Georgia. She focused particularly on folk curers, their treatment practices, the types of sicknesses treated, associated beliefs, and the coexistence of folk curers and medical doctors. Hill interviewed both folk curers and clients of folk curing over an 18-month period of fieldwork initiated in April 1970. Her data were collected from 42 curers and 54 clients, evenly divided between black and white racial backgrounds and all belonging to a low socioeconomic stratum of society. The average age of curers was 62.5 and of

clients was 32. The younger average age of clients was due in part to the inclusion of children in the sample. The majority of all informants were Baptist. Data from interviews were supplemented by observations of healing practices on occasion, attendance at church services, and interactions with informants in their homes or while transporting them to various activities.

Hill (1972) provides an extensive description of five curing practices: "talking fire out" of burns, "curin' the Thrash," "stoppin' bleedin';" "curin' the toothache," and "conjurin' warts" (p. 66). Her data also included herbs and home remedies, information from a "gifted" healer of a variety of health problems, healing practices of a licensed lay midwife, and an interview with a client of a person who removes spells. Most curers described do not charge for services although many will accept gifts.

The belief system associated with these curing practices was found to be based on the Bible. The informants in Hill's study (1972) believe God to be both the ultimate cause of all sickness as well as the ultimate healer. Impersonal forces, such as "nature" or "spells," were found to be viewed as intermediate causes of sickness, and the individual's behavior was seen as the proximate cause. In a similar

manner, the power of the curer is believed to be the intermediate factor in healing and the individual's behavior, such as repentance of sin, is found to be the proximate factor.

Hill concludes that there are two systems of medicine functioning in rural west Georgia. She views folk curers as a mediating factor in restoring balance to peoples' lives, or harmony between them and God. Hill suggests that the failure of orthodox medicine to gain broader acceptance by informants results from physicians' impersonal approach to healing, conflicting values between the two groups, communication problems, and socioeconomic factors. Hill concluded that cultural values and social adaptation are primary influences in the persistence of folk health beliefs and practices.

#### Need for Further Research

Snow and Hill have made a major contribution to knowledge of folk medical systems among black Americans. However, there is a need for further study of this topic. First, the data from the investigations of Hill (1972) and Snow (1971) were collected over a dozen years ago. As mentioned previously, cultures are dynamic, and it cannot be assumed that beliefs and practices have continued unchanged. The 1970s

and early 1980s have brought many alterations in American health care, not only in the allopathic system but also in alternative therapies, such as herbalism or naturopathy (Moore et al., 1981). Political and economic changes in process in 1983 threaten both access to and cost of health care. Health behaviors may alter in order to accommodate to these changes.

Second, the research carried out thus far described health practices in one urban and one rural area of the United States. All study participants were limited to lower socioeconomic strata. There were an estimated 17.9 million Afro-Americans in the United States in 1979 (Jackson, 1981). It cannot be assumed that research findings from only two locales and 100 black informants are applicable to blacks living in other areas of the United States. Moreover, an increasing number of blacks have been moving into middle and upper socioeconomic strata, and their cultural beliefs may or may not be adequately depicted by existing research data (Steinberg, 1981).

In addition, it would be helpful in assessing the applicability of prior research, as well as the present study, to have more detailed descriptions of methodology. Neither Snow (1971) nor Hill (1972) include information on the questions asked nor the



issues raised by them as researchers during interview sessions. Some demographic data are not clarified. For instance, Snow gives no breakdown of the age variable so that the reader is not aware whether her sample equally represented all age groups. The same question applies to a breakdown of gender.

Further research with greater specification of methodology should contribute to the knowledge base regarding black folk health beliefs and practices. The specific research areas which will be addressed in chapters which follow are:

1. Folk health beliefs and practices prevalent in the study sample pertaining to:
  - a) The meaning of health and illness
  - b) The meaning of health maintenance/sickness prevention
  - c) Perceptions of body structure and function
  - d) The causes of or factors contributing to sickness
  - e) The use of home remedies and self care
  - f) Alternative healing modes
2. To whom people turn for health advice and assistance
3. Ways in which health beliefs/practices are interrelated with other facets of life

4. Perceptions of this group about the allopathic health care system and its practitioners
5. Factors associated with choice of health care practices.

### Summary

The influence of cultural beliefs on health practices has been discussed, and it was suggested that social, political, and economic factors also impinge upon health and influence cultural beliefs related to health. The lack of cultural studies by health professionals was emphasized.

A review of research pertaining to black culture was made, followed by a summary of studies relating to black health needs, beliefs, and practices. As Paul (1935) pointed out in his classic work:

If you wish to help a community improve its health, you must learn to think like the people of that community. Before asking a group of people to assume new health habits, it is wise to ascertain the existing habits, how these habits are linked to one another, what functions they perform, and what they mean to those who practice them (p. 1).

As could be seen in the studies described in this chapter, some researchers have tried to follow Paul's advice and some have not. The nursing research on black health beliefs was particularly deficient in identifying and understanding the emic perspective.

Tripp-Reimer (1982), in a recent nursing study, interviewed Appalachian and non-Appalachian health care professionals regarding client behaviors. She found that non-Appalachian professionals viewed behaviors of Appalachian clients negatively, while Appalachian professionals interpreted the same data as positive or neutral. She suggests that her research illustrates the importance of minority groups receiving care from persons familiar with their subcultural lifestyle. Nursing research of blacks has shown many negative interpretations of data. I will seek to reverse this trend by following Paul's recommendation and learning the emic view of health beliefs among participants in my study.

## CHAPTER II

### DESIGN OF THE RESEARCH

Prior to beginning doctoral study, I had planned to focus my research on American blacks and their coping behaviors in living with chronic illness. Such a focus would have combined several long-time interests: home health needs, health care of blacks, and the effects of chronic illness on lifestyles. However, coursework and reading in the transcultural nursing and health anthropology fields soon sparked a modification in plans. Recognition of the significance of folk health beliefs and practices in influencing how people maintain or regain health within the context of their daily lives, grew. The literature in this area was intriguing and stimulated many questions about the existence of a folk medical system among populations with whom I had worked as a nurse. The dearth of studies concentrating on the folk health system of blacks established the need for further research and contributed to a decision to explore this area as a doctoral project.

Initially the hope had been to gain experience

between my first and second year of graduate study on a senior investigator's existing research project focusing on blacks and health. Through a serendipitous turn of events the opportunity evolved to do an eight-week pilot study on the topic of interest in a rural section of tidewater Virginia with the experienced guidance not only of professors in Utah but also of a professor in Virginia.

### Pilot Study

#### Selection of Setting

The locale chosen for the pilot study was a rural county area of Virginia. This locale was chosen because: a significant portion of the population is black (approximately 33%); it was small enough in size to be studied by one person; no studies of folk health beliefs of Virginians were found in the literature, and I already had contacts and a place to live in the area.

It should be pointed out that although I lived within the study locale during the pilot study and later stages of research, I did not live in a black neighborhood per se. B. L. Valentine (1978, pp. 142-45) has criticized many ethnographies of black culture as being incomplete or partial since the ethnographer

did not live in the black community being studied and therefore could not participate full-time in daily activities and lifestyles as a resident might. However, within the rural area of the current study, residential patterns are such that many persons, black or white, are isolated from a racially based neighborhood group in the sense Valentine implies. Moreover, as Wax (1971) has pointed out:

. . . a fieldworker cannot become an aboriginal or organic member of an ethnic group. Nevertheless, there is a special sense in which a fieldworker who lives near or with the people he is studying does become a member of the group . . . who, though he always is and re-mains an outsider or non-native, may function in the society in a manner that is useful and agreeable to his hosts (p. 50).

Study results suggested that I was able to function appropriately in such a role.

#### Selection of Informants

The target population of the study was composed of black residents of a rural coastal community in Virginia. A purposive and convenience sample of adults was drawn from this population for intensive interviews. Random selection of a sample was not considered because it was felt that not all area residents would be willing to discuss the topic with a white stranger, and that some persons might be sought out as informants with special knowledge.

Initial contact with study participants was made through a black friend who provided me with names of five women who were willing to be interviewed. These persons in turn suggested names of others, both men and women, who might be willing to participate in the study, and a snowballing technique was thus established. Through this approach, 33 persons were interviewed during the pilot study in July and August 1981. In addition to the informants interviewed regarding health beliefs and practices, three other persons were interviewed for their perspectives as black community leaders and one white person was interviewed for his knowledge as a local pharmacist with an interest in home remedies.

Although no persons contacted actually refused to be interviewed, two responded in ways which achieved the same result as a refusal: not being at home at the time of a scheduled appointment or stating they would call me later and set up a time when they were less busy. In the case of the first response, further effort was made to set up an interview and when the person failed to keep three appointments, a decision was made to cease attempts at contact. In the case of the second response, no further contact with the person was made.

### Data Collection Methods

The primary technique utilized during the pilot study was intensive interview focusing on the topics of health maintenance, causes of illness, home remedies, and healers. Interviews were unstructured, but an interview guide was employed to help assure coverage of these data areas. All interviews were conducted in the homes or yards of the study participants and approximately half of the sessions were tape-recorded. While a third of the participants were alone when interviewed, the remainder had children and/or other adults in the home. Usually the other adults, whether visitors or not, would join in at least part of the interview. At times, children would contribute comments as well.

The environment of interview sessions was quite variable. In some instances, the setting was quiet and peaceful with few diversions. In others, there was constant activity of people coming in and out, children interrupting, and noise from televisions or radios. Since the pilot study was conducted in summertime, the weather was often hot and muggy, and electric fans were in use in many homes.

All participants were told that I was interested in finding out how people took care of their health



at home. To each person I read the informed consent statement approved by the "University Review Committee for Research with Human Subjects," and received his or her agreement to participate in the study before proceeding further (Appendix B).

The typical interview lasted two hours and took place between 10 a.m. and 6 p.m., although I had indicated willingness to meet with people at whatever time was most convenient to them.

In addition to the more formal scheduled interviews, I made several "drop-in" visits to people when I was in their neighborhood or chatted informally with some by phone. Attendance at two Baptist revival church services helped round out this initial foray into the black community.

### Assessment Phase

The pilot study served as a prolegomenon to my dissertation research. Its primary purpose was to determine the feasibility of studying the topic of interest in the designated rural Virginia locale. Through the study I sought to determine whether a folk health belief system was prevalent in the community, to assess the effectiveness of an ethnographic methodology in investigating the topic, to develop skills in ethnographic research, as well as to gather

preliminary data.

All of the above objectives were met through this pilot research experience. Moreover, it enabled me to establish a diverse range of contacts with people who agreed to assist me in the future in extending my sample, in attending community meetings, and in becoming more involved in religious activities.

During the academic year between the pilot study and the continued research, I was able, as a result of the former, to analyze both the data gathered and the study process itself. This experience prompted me to seek specific learning experiences through coursework and the literature, as well as to develop and refine research questions related to the findings of the pilot study and the tentative hypotheses generated by these data. For example, I identified a strong need to explore Afro-American history so that I might better understand the context in which the culture of rural Virginia blacks originated and developed, and I then arranged for directed study with a specialist in Afro-American history.

Some contact with study participants was maintained by Christmas cards and letters during the months between the initial and later stages of research.

## Research - Phase II

I returned to Virginia to continue the research in July 1982. Fieldwork was carried out on a full-time basis until the end of December and on a part-time basis until February. In the section below I will describe the fieldwork methodology, primarily noting changes from or additions to the fieldwork of the pilot study.

### Selection of Setting

Although I considered limiting the area of study to selected neighborhoods as a means of focusing my efforts more narrowly and in greater depth, in the end I elected not to do so. The county as a whole serves as a political unit of the state with its own distinguishable government and economic structure. The school system, as well as the health and social service departments, provide county-wide service. Since, as mentioned earlier, many blacks do not live in a definable black neighborhood, using such a unit as the basis for study would have excluded some persons from the sample. For all these reasons, plus the fact that relationships had been established in 1981 with persons widely dispersed throughout the county, I determined that the basic unit of study would be the black residents of the county as a whole.

### Selection of Informants

Shortly before leaving Utah I received a letter from a Baptist minister advising me of a three-day conference for black Baptists of the "Northern Neck" district, inviting me to attend and offering me a five-minute opportunity to share my study plans with the delegates. Although not all delegates were to be from the study locale, the actual site of meeting was to be in this area and I was appreciative of this chance. Several new informants were found through this experience; several ties were renewed with participants in the pilot study, and many persons were met who later were seen at other functions.

During the second phase of the research, greater attention was paid to seeking a sample with breadth of demographic characteristics which might enhance the richness of data gathered by providing for variance among county blacks. More emphasis was also placed on adding informants with special knowledge of health beliefs and practices. A detailed description of the sample is included in the next chapter.

The new additions to the sample were recruited from several sources. Some volunteered for the study as a result of contact made at the aforementioned Baptist conference. Some were persons I met and asked

to participate. Some were suggested to me by other study participants. In two instances persons were met in my neighborhood and agreed to join the sample.

Altogether formal interviews were carried out with 55 adults in 46 separate households in which approximately 138 persons lived. The total number is approximate since there were changes in several households during the research. Another dozen persons were formally interviewed as resource persons: community leaders and health professionals. The word "formal" is used here to designate those interviews scheduled in advance by appointment and in which the number of persons stated above participated throughout the session. However, from my viewpoint, the sample really should be conceptualized as including all persons who shared their ideas and experiences with me relative to the research topic; for instance, people who contributed to only part of an interview or who discussed views with me in other settings.

#### Data Collection Methods

A variety of methods were employed for gathering data and will be described in the following portion of this chapter.

Formal interviews. The formal interview process remained essentially the same as that described for

the pilot study, but more depth and breadth in topic areas were sought. An example should help to clarify this point. Whereas in the pilot study only very general questions were asked about causes of illness such as: "what sorts of things might cause a person to get sick?", in the later research specific questions were also asked about the causes of health problems such as colds, arthritis, or boils. Also, if general questions failed to elicit specific data on beliefs about the influence of environment, emotions, magic, religion, or personal factors, then specific questions were asked.

Interviews continued to be conducted in the homes of informants or, in the case of resource persons, sometimes in their offices. The environment of the interviews was similar to that of earlier interviews.

Altogether about 250 hours of formal interviews were carried out. Informants in approximately one quarter of the households were interviewed for a total of more than five hours. In six households the interview time exceeded 10 hours.

While some respondents were seen during evening hours, as early as 8 a.m., or on weekends, the typical interview took place between 10 a.m. and 6 p.m. on a weekday and lasted for a minimum of two hours. A

few interviews had a duration of four hours.

Informal interviews. As I became better acquainted with study participants, I found there were several who were comfortable with "drop-in" visits. Some of these were visited occasionally and four were visited many times over the months. Two were elderly persons and two were young mothers with small children at home. All were usually at home during the day.

In addition, I frequently had the opportunity to talk with informants already known to me as well as with others informally at church, meetings or other occasions or when they were visiting one another. Conversations were also held with many persons by phone.

The content of informal interviews was extremely variable. Many times I used the opportunity to explore a topic needing further clarification. Sometimes I inquired about a person's health or "how things were going," and received valuable information on health problems, treatments and the health system. Sometimes we might chat about politics, the economy, the person's job, family, hopes and aspirations. At times, we simply visited as I might with any other friends, discussing any topic of interest at the moment.

Participant observation. The other major technique utilized in conjunction with interviewing was participant observation. While, for ease of discussion, interviewing and participant observation have been separated, it is helpful to keep in mind that in practice the two activities are apt to be closely interwoven. For instance, while interviewing I frequently had the chance to observe family interaction patterns, childrearing practices, and a variety of domestic tasks.

Participation involved attendance at church services and other religious programs, at meetings, and at social functions. Observations of blacks working in several job settings were made. Visits to stores, health care settings and a Senior Center also provided opportunities to observe black lifeways in the community.

The two activities in which I participated most often were church functions and meetings of the National Association for the Advancement of Colored People (NAACP). The predominant religion of study subjects was Baptist, and I was able to visit all nine of the area Baptist churches, some several times. During revival month, I attended services both on Sundays and on a few weekday evenings. I also attended



service at one of the two Pentecostal churches. Concerts or other special events held at churches were attended when possible. In order to participate in the NAACP I became a member and attended meetings regularly.

The focus of observations was primarily on health/illness issues and their meaning and relationship to the social, political, religious and economic context of this black culture. Questions were constantly raised and the relationship of observations to other types of data was explored. A reflexive process evolved between observations and interviews so that each suggested additional points of emphasis to me for future inquiry. For example, after I had discussed the topic of faith healing in several interviews, I attended a church service in which faith healing was involved and later was able to interview people who had also attended, to explore the meaning of faith healing in the health belief system.

Unobtrusive measures. While not a major source, data were also derived from unobtrusive secondary sources. The local newspaper, census records, health statistics, local radio station, and the pattern of black attendance at meetings all provided information of some benefit in understanding the research

community.

Fieldnotes. Throughout the study, fieldnotes were kept on all interviews and observations. The notes were completed as soon as possible after the event or activity and a duplicate copy made.

Instruments. As in traditional ethnography, the primary research instrument in this study was the ethnographer herself (Pelto & Pelto, 1978, p. 67). Therefore, experiences, information and other influences on the researcher's perceptions of cultural beliefs and behavior, rather than an instrument's rigor or elegance, were the critical concerns.

Interview guides were usually used during formal interviews. During the pilot study, four major topic areas were discussed when possible: health maintenance/illness prevention, home remedies, causes of health problems, and folk healers. As was mentioned earlier, the focus in the initial study was on general questions, with more specific items addressed in the later research. In addition, some specific topic areas were explored which had not received more than minimal attention earlier. These included beliefs about blood, childbirth, the health care system, and social stratification.

Content areas covered during the interviews were

prompted by topics addressed in the literature, analysis of pilot study findings, suggestions from advisors, and my own theoretical or methodologic hunches (Frankel, 1977; Hill, 1972; Hyatt, 1970; Puckett, 1926; Snow, 1971). Often an informant, during an interview, might stimulate further questions by his or her responses. For example, many persons described home remedies for conditions which my questions had not addressed.

Another data collection method used with a subsample of the study participants was a family health calendar. The design and use of this instrument was based on the description of similar tools used by other researchers (Alpert, Kora & Haggerty, 1967; Boyle, 1982; Demers, Altamore, Mustin, Kleinman & Leonardi, 1980), and the wording on the form was developed with guidance from informants.

Twenty-three households from the sample were purposively selected and requested to maintain a three-week record of the family members' health, any actions taken, source of any health advice, and results of action. People were contacted in person or by phone several times during the designated time period to answer any questions as well as to be reminded to fill in the forms.

In Appendix B the reader will find a sample health calendar form and a summary of sample questions contained in the interview guides.

### Ethical Considerations

In order to live up to the promise of anonymity and confidentiality, I have used pseudonyms for all persons mentioned by name and for most places. In addition I have changed some demographic details about individuals when revealing these would risk the person's anonymity.

During the process of data collection, I was aware of the likelihood that some information shared with me would be in conflict with allopathic medicine. However, I resolved that I would refrain from comment unless I knew that practices engaged in were actually dangerous or harmful to a person's health. Although practices were described which would not be approved by many health professionals, none was, to my knowledge, dangerous.

More taxing to me in my role as researcher was the need to avoid assuming the role of nurse. Years of emphasis on health education and its importance prompted me to note innumerable opportunities for teaching and, at first, I found it very difficult to keep quiet. Fortunately, as time passed, it became

easier to assume the role of a behavioral scientist, and in the process I was able to collect data which I am sure would not otherwise have been so readily available to me.

### Summary

In this chapter an effort was made to describe the research design in sufficient detail for the reader to be able to carry out a similar study if desired. The next chapter will describe the community and contextual issues pertinent to the research.

## CHAPTER III

### THE COMMUNITY

Colonial County (a pseudonym) traces its origins as an official county of Virginia to the middle of the seventeenth century. At that time, a few British families settled in this area and established a colony in the tradition of the English country gentleman. Land in the area provided perfect soil for tobacco farming, and the white settlers were able to use this commodity to develop and support a plantation system.

Virginia, which prides itself on being the birthplace of several U.S. presidents and other famous white men, is also the birthplace of slavery in America. Colonial County, with its plantation economy, was one of the early markets for slaves and can lay claim to the wealthiest planter of his day, the owner of close to 1,000 slaves. Thus Colonial County, the setting for this study, provided the homeplace for some of the first black families of Virginia and the nation (Mullin, 1972; Lincoln, 1970; Haynie, 1959).

The geography of the study area, with its many

miles of waterfront and numerous safe harbors for ships, lent itself readily to both the tobacco and slave markets. Colonial County is small, only 155 square miles, yet seems larger because of its many creeks and rivers which create several peninsulas. The land is flat or gently rolling, with few areas more than 60 feet above sea level (Figure 1).

There is a four-season climate with a relatively short winter and a summer with many hot and humid days. Snowfall, as well as ice in the waterways, does occur in winter but is not usually a prolonged problem.

Colonial County is one of a dozen culturally similar rural counties situated on two large peninsulas created by three major rivers which empty into the Chesapeake Bay. The study county is isolated from urban areas, being anywhere from 60 to 90 miles distant from the nearest city. There are several towns in the county, the largest having a population of approximately 1,000 people. There are also numerous small villages. In the largest town there is a variety of retail stores, banks, supermarkets, offices, churches and eating establishments. In addition, there is a school, a library, a small hospital and a nursing home. In the smaller towns there are similar stores and businesses, while the villages

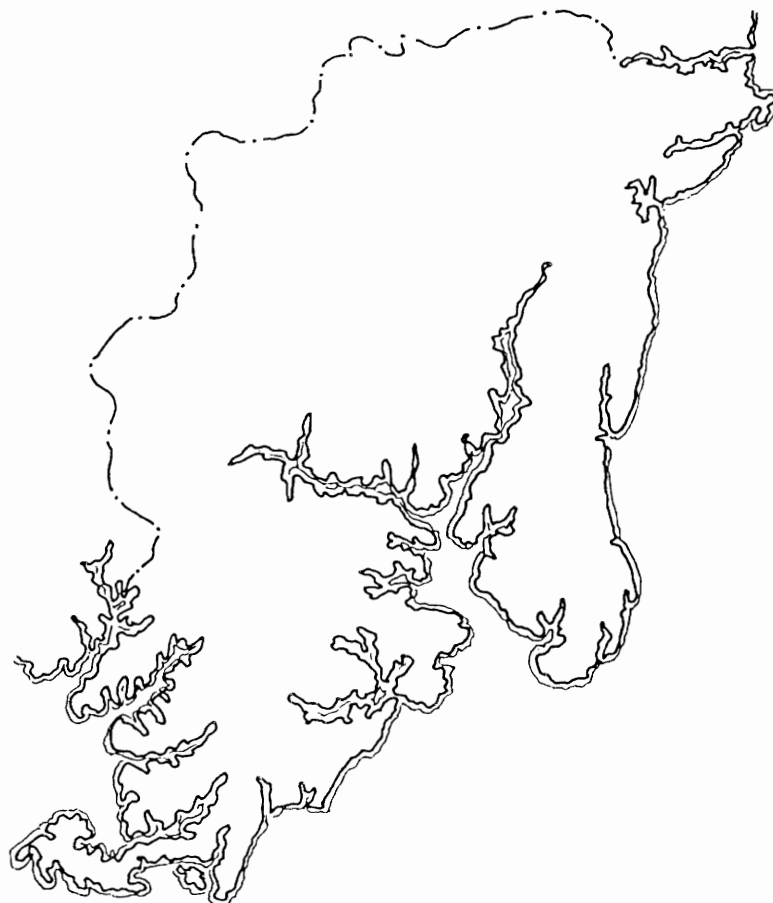


Figure 1. Map of Colonial County.



normally have a country store and perhaps a gas station. Colonial, the county seat, is the site of the courthouse, the jail, the health department, the high school and county offices.

In addition to the many crab and oyster houses located at various waterfront locations in the county, there is also a resort complex which attracts tourists from many other states. This complex operates in all but the two and one half coldest months of the year and has introduced many persons to the area as a potential retirement locale.

The latest U.S. census figures show the county to have a population of 10,000, of whom about one third are Afro-American and two thirds are white. Less than 25 persons are of Asian or American Indian origin, according to the U.S. Census (1980). The population has fluctuated little over the years, with only a 10% increase in the past 10 years. While the proportion of the population which is white has been steadily increasing due to the influx of retirees, the proportion which is black has been gradually decreasing. Thus while over a quarter of the white population is over age 65, less than 16% of the black citizens fall into this age group. Conversely, while well over a quarter of the black population is under

age 20, only 19% of the white residents fall into this age group.

With this brief description of Colonial County as background, the remainder of the chapter will delineate the social, economic and political contexts in which black residents have created a health belief system. The final section of the chapter will depict selected characteristics of the sample population.

### Social Context

#### Residential Patterns

Early homes of area blacks after slavery were usually made of logs cut by the resident and daubed together with mud or clay and had dirt floors. One of the first black homes with shingles on the roof and tongue and groove flooring was occupied just after the turn of the century by one of the participants in this study. As time progressed, homes were constructed of wood sawed in the local sawmill and built by the resident, usually with the aid of friends or family. Some residents still live in the old homestead.

Today, homes of blacks range from old shacks to very modern brick ranch style, with the predominant home style being a two-story frame house built 30-40

years ago. All homes have electricity and a majority have indoor plumbing. Many residents live in mobile homes. Most blacks own rather than rent the home lived in.

Regardless of house style, the typical home is on at least an acre of land, and older black residents frequently have tracts of land totaling more than 20 acres. Land is often given to children or they are permitted to place mobile homes on a portion of the family acreage. Many black residents thus live in clusters of extended family.

Neighborhood patterns of black and white residents are variable. Colonial County has some neighborhoods which are totally racially segregated, although they may border one another so that at least one household from each segregated area is, in fact, a next door neighbor of the other. In some areas of the county black and white residents are interspersed. However, proximity does not necessarily mean contact with one another.

One part of the county is more rural, more isolated and less populated than the other, and some residents of this area indicated that they considered their residents to be friendlier and more helpful to one another than those persons residing elsewhere.

In contrast, the residents of the other part of the county sometimes referred to the more rural people as less sophisticated and less knowledgeable about the world than themselves.

### Family Patterns

Blacks have historically placed a strong value on family. Despite the extreme stress put on the black family during slavery by the often permanent separation of loved ones, blacks evidenced the importance of family both by the frequency of runaways following the sale of family members and by the effort for years after emancipation to reunite with lost relatives (Genovese, 1974, pp. 443-83; Litwack, 1979, pp. 230-40; Steinberg, 1981, p. 120).

Marital patterns in Colonial County are consistent with the historic value placed on family. Among black adults, especially those over 30 years of age, the custom of marriage is widespread. Within the study sample only three persons described themselves as single. Many older persons described marriages lasting 30 years or more. The majority of people had only been married once, and second marriages were usually due to death of a spouse rather than divorce. Five persons, three of them under 35 years old, stated they were divorced.

Children are widely valued and most women, married or not, have children. Several women openly discussed their disapproval of current lifestyles of their children, which sometimes result in illegitimate births, but the children once born are accepted. Frequently, the new baby is added to the family and childcare is shared by mother and grandmother.

It cannot be assumed that women who are single or divorced are raising children without the influence of a father. Such women may have a mate who lives with them and assumes the role of husband and father although not legally sanctioned as such. Other women may have a steady boyfriend who assumes portions of the spouse/parent role.

Childcare is frequently a shared activity among women, who are in most instances kin to the child's mother but may be kin to the father, or not blood relatives at all. In Colonial County many black women live in households separate from their parents yet within walking distance, thus making the sharing process easy to attain. In some instances, young mothers may live with their parents or grandmothers. As has been reported in the literature, children may be "loaned" to other women to care for temporarily or to be raised. Typically this is done when the

child's mother has inadequate resources for raising that child, has fewer resources than another female kin, or has a temporary limit on her resources due to personal or health problems. At times a child may be "given" to another to raise when that other has not been able to have children of her own (Dougherty, 1973; Stack, 1974; B. L. Valentine, 1978).

Kinship is valued and people may describe not only their own kin ties but are often also aware of the ties between other community members. Thus an individual may be referred to as being a "Harris" or a "Hughes" by way of establishing who they are. However, one informant told me with a chuckle that if a person has some status in the community or comes from a family of "good standing," many people will claim that person as a "cousin," whereas if a person is for some reason accorded low status, people who are in fact kin to that person will refer to him as someone they "know."

It is notable that women who have children by previous marriages or liaisons maintain the child's kinship tie by giving him/her the father's surname and referring to the child's paternal relatives. Contact with paternal relatives is continued when possible.

Another interesting aspect of kinship was the mention of Indian ancestry. Historical sources which I was able to find barely mention that Indians ever lived in the part of Virginia in which my fieldwork was carried out, but 10 black informants indicated knowledge of Indian relatives. Unfortunately it was not until late in the study that I became aware of informants' Indian kin ties, so I am not certain how widespread that phenomenon may be. Therefore, I have no feel for the significance, if any, of an intermingling of black and Indian cultures (Berry, 1963; Gist & Dworkin, 1972; Hudson, 1971).

### Lifestyles

It would be difficult to characterize the daily activities of Colonial County blacks due to the diversity and intracultural variation. Peoples' daily routines are largely dependent on their employment status and hours, as will become clearer when the job market is described. Domestic tasks, like childcare, are usually the responsibility of female family members. Although some blacks use the laundromats in town, most either have their own washing machines or share the use of one with kin. This is true for those without running water as well as for those who have indoor plumbing.

Most people who are physically able to plant and tend a vegetable garden, do so. Gardens are usually very large, and produce is canned and/or frozen for winter. Some people also plant herbs both for cooking and for healing purposes. In addition, many people raise domestic fowl and livestock such as chickens, ducks and hogs. Products from this husbandry may be shared with extended family members and some may be sold for income. Another food source is, of course, the creeks and rivers with their fish, crabs and oysters.

Slacks and jeans are popular clothing choices for everyday wear, but for church services and functions the custom is to dress fashionably. Men wear suits and ties and women dress in stylish color-coordinated attire.

Choice of home furnishings will vary to some extent with economic resources, but study participants gave evidence of considerable effort to furnish homes attractively and showed much pride in home interiors. Even those persons forced to live in rental houses, most of which would not be able to pass housing codes if there were any, bought matching pieces of furniture, rugs or colorful vinyl and used pictures, photographs, and real or artificial plants for decoration.



Televisions and stereo phonographs were common acquisitions.

Cars are an important part of life in a rural area, since there is no public transportation and most residents live at some distance from stores and job settings. While several study participants do not own cars, most do. The typical car is one of the larger American models and more than five years old. A few people, mostly those in the late teens or early 20s, drive sporty new models. Whatever the choice, the automobile is a valued possession and usually receives close attention to its upkeep and frequent washing and polishing.

### Religious Patterns

During slavery, most blacks were required to attend white churches and sit in the balcony or other designated area. Sermons regularly reinforced the white Southern ideology which held that blacks were inferior to whites, needed whites' guidance, and should obey their white masters. Black religious practices brought from Africa were stifled and suppressed, as were later efforts by slaves to independently hold separate Christian services. Nevertheless, slaves managed in many locales to hold services suited to their tastes and needs, usually meeting

surreptitiously in the woods. A number of black preachers, feeling called by God to spread His word, developed under these difficult circumstances and became leaders among the slaves (Genovese, 1974, pp. 160-280; Levine, 1977).

It was these early preachers who were particularly important in helping blacks to develop an identity, inner strength, sense of community, and patience, all of which helped slaves to withstand the inhumanity of bondage. However, it has also been suggested that this historical role of spiritual strength and emphasis on the justice of "life in the world to come," may have contributed to political weakness in blacks (Frazier, 1963; Genovese, 1974, pp. 280-85).

After Emancipation, independent black churches sprang up, with Baptist and Methodist denominations being the most popular. In Virginia, one of the earliest Baptist seminaries was founded on the site of the old slave jail in Richmond in 1865, according to study informants. Thus it is not surprising that, until recent times, virtually all Colonial County blacks were Baptist and even now perhaps 90% of the black population claims Baptist membership. At least two local churches can not only trace their origins to the 1890s but can also point with pride to the

continuous seminary-trained ministry associated with their development.

In more recent years there has been challenge to the Baptist hegemony by the development of some Pentecostal ministries, as well as by the gradual growth of Jehovah's Witnesses. As yet, the challenge is minimal, however, and some informants suggested that these churches have appealed mainly to persons who were not attending any church. A few families attend the Methodist church in a nearby county and one family belongs both to the Catholic and to the Seventh Day Adventist churches. Since all of the Baptist and Methodist churches are segregated and since the Pentecostal churches are essentially black churches too, most county blacks attend segregated church services.

The role of the church in the rural South has always been an important one. Southerners tend to be conservative in their thinking and fundamentalist in their religion. The church, for both black and white residents, has historically been the center of social activities. However, for blacks the church has assumed a particularly central role, since it has long served as a clearinghouse for political and economic concerns as well as for social ones.

For the black community the church has been the strength and power behind social and political change. As Lincoln (1974) points out:

To understand the power of the Black Church it must first be understood that there is no disjunction between the Black Church and the Black community. . . . whether one is a "church member" or not is beside the point in any assessment of the importance and meaning of the Black Church. . . . the social identity of the Black-american as well as his self-perception are still to an important degree refracted through the prism of his religious identity (pp. 115-116).

In Colonial County, where few opportunities for organized social or political activities exist for blacks, the church is indeed the center of the community. The minister must therefore be not only spiritual leader but community leader as well.

The church, together with the family, also assumes a role in instilling values. What a man or woman has by way of accumulating material goods is of far less concern than what he or she is. The most highly valued person is the one who "lives close to God" and who treats others with concern and kindness. While education is respected and knowledge varied, there is an expectation that the educated black will use his knowledge in ways which will benefit the community. The definition of education is not confined narrowly to the formal system but extends to the whole process of learning and growing in wisdom.

Every August all Baptist churches hold week-long revival services. During this time a renewal and strengthening of faith are accomplished. Revivals are also important for bringing back to the community those who have been away and often involve a "home-coming" too. The typical revival begins with a Sunday morning service in which the Evangelist, a pastor from another church, preaches the opening sermon and sets the tone for the week. A fellowship dinner follows this and then another service. The Evangelist, usually a pastor from one of the cities or another state, will preach each evening during the week. The reputation of the Evangelist for stimulating services and the popularity of the choirs performing on different nights are important determinants in the size of the audience. People attend not only their own church revival but actively participate in those of others. The church from which a person was born is always considered his "home church" and its revival will be attended if possible, even if it has not been his regular church for decades.

Details of religious belief systems and practices will be discussed in the next chapter, which will introduce health beliefs, since the latter will be viewed as largely a part of the former.

### Leisure Activities

As implied above, many leisure activities center around the church. In addition to services, there are meetings of various church organizations and practice sessions for the several choir groups affiliated with each church. Of a more social nature are special concerts, dinners, appreciation services and baby contests. This latter event is a means of church fund-raising by mothers of participating babies. The contest winner is the one bringing in the most money for the church. A secondary benefit of such a program is the involvement of young adults and children in a church activity.

In the summer and fall, family reunions and picnics are popular events. It is not unusual for several hundred people to participate in such an event, as family members return from the cities for the occasion.

Summertime is, of course, also popular for water-oriented recreation: swimming, boating, fishing and crabbing. Recently the county has also initiated a youth recreation program which includes various team sports.

For elderly residents there is a Nutrition Site, referred to as the Senior Center. This program,

sponsored by the Area Agency on Aging, offers three times each week the use of a local church hall for crafts, games or just conversation. The site is available for half a day and provides lunch as well as transportation, if needed. Although predominantly black, the service is integrated.

For youth there are limited recreation opportunities. There is one movie theatre. During the evening hours the primary activity is "hanging around." This may be done at an eating place or, with the advent of video games, at the quick-stop stores such as "7-11." The two black-owned beer gardens in the county have also become largely youth dominated, since teenagers frequent them in large numbers. Virginia drinking laws specify 18 years as the legal age for consumption of certain alcoholic beverages. Most youth activities are segregated, although not officially.

There are few leisure activities, outside of those in private homes, for the majority of black adults within Colonial County. Although nearby counties have public beaches and boat-launching facilities, Colonial has none. Few blacks feel welcome in any of the local restaurants, although technically all places are integrated. All private clubs are

segregated, and fraternal organizations, such as Lions and Rotary, which are integrated elsewhere, are segregated in Colonial County. There are a few small social clubs which black women have established and which meet in private homes. There is also a Business and Professional Womens Club for black women of Colonial County as well as those residing in a nearby county, but this is also quite small. In spite of its limited size, however, it did manage to build a center which has a large hall, a stage, a kitchen, rest rooms and assorted storage rooms. This quonset hut building can be rented for wedding receptions, family reunions or other community functions.

Probably the single most popular activity for the majority of blacks is visiting. Most visits are family-oriented although friends and neighbors visit one another too. Visiting of those who are sick is another pastime. It was a rare interview indeed in which someone did not drop in or call about a visit during my research.

### Social Stratification

The usual criteria of education, occupation and income for establishing social class position within a group are not particularly useful for depicting the social class structure of Colonial County. The steady



influx of retired civil service, military, professional and other workers has resulted in a white population with a large elderly segment of affluent and generally well-educated persons. However, control of the economic and political forces within the community is probably not centered in this group but rather in the white native owners of local businesses.

Due to institutional racism prevalent in the study county, the black population is effectively prevented from equal participation in the social structure. Within the black community there is some difference of opinion as to the nature of class differences or even whether there are any. Although several study participants suggested possible criteria for stratification, all were in agreement that, for blacks, material possessions are of less significance than values which are displayed by the person's involvement in the community.

Some of the factors which blacks consider important in determining status are: position in the church, knowledge or wisdom, the way a person cares for home and land, whether children of the person complete schooling, and the person's choice of neighborhood. Church positions such as deacon, trustee or education director are very respected by Baptists.

Pentecostals, not having a church hierarchy, place more emphasis on the degree to which a person lives a Christian life. Knowledge is valued whether gained through formal channels or through individual effort, or whether evidenced by having children who graduate from school. Comments about neighborhoods were surprising to me in that the outward appearance of many neighborhoods seemed similar. However, status designations for neighborhoods seemed to sometimes relate more to reputation for crime or "toughness" than to factors such as income or housing.

All in all, within the black community, social stratification is not at present a major influence in peoples' lives. As one women explained: "Some thinks they is more classy than they is, but everybody is the same in God's sight." In general then, blacks attribute their successes to God and believe it is for Him, not man, to judge the relative worth of their neighbors.

One point to emphasize regarding social status is the need to dispel the myth that all blacks are "lower class." Such a myth seems to be perpetuated not only by white residents of Colonial County but also by much of the research on blacks reported in the literature. Since research about blacks has been

concentrated on populations in the lowest socioeconomic groups and in areas of inner cities, there has been a tendency to generalize findings to "black culture" as if all blacks were represented by the populations studied (Snow, 1974, 1977, 1978; Redlener & Scott, 1979; Liebow, 1969; Hannerz, 1969; Stack, 1974; B. L. Valentine, 1978).

The lifestyle associated with the "lower class" has been one of substandard housing, lack of education and menial jobs. Whites in Colonial County often seem to assume that most black residents would fit in these categories and that they do not aspire to higher education, professional occupations or fancy style houses. Unfortunately any picture of the county is clouded by the fact that most young persons with ambitions for college education and/or higher paying occupations must leave the county to attain these goals. The result is a set of statistics skewed in a way which implies a larger difference between whites and blacks in education or income than accurately describes natives of the area.

### Economic Context

#### Historical Development

Following the demise of the tobacco economy in

the area of which Colonial County is a part, the Civil War further weakened the economic resources of this isolated area. Since no bridges connected the peninsula to other land areas until well into the 20th century, it would have been remote from any populated areas, save for its water industry which provided for an active trade with Baltimore through transport of seafoods to the city and of manufactured goods from the city. The real boost to the economy came, however, from the establishment of the menhaden fish industry in the area shortly after the Civil War. These fish are valuable for the oil they produce which has multiple commercial uses (Frye, 1978). The industry continues to be an important economic resource.

The tie to Baltimore was further strengthened when steamers started providing regular service and transporting both supplies and people back and forth until World War II. If a person wanted to seek a job in the city, passage could be booked on the steamer for a nominal fee or an attempt could be made to negotiate a passage with one of the many boats which plied a trade with Baltimore.

### Employment Patterns

The local economic mainstay is the seafood industry--commercial fishing both for menhaden and for

edible fish, oystering, crabbing and processing of seafood products. In addition, land agricultural products are sold commercially as is timber for the paper industry.

Employment can thus be found on land or on sea. The seafood industry requires fishermen, cooks, mates, captains, oystermen and crabbers working on the water, and employees in the fish factories, fish, oyster and crab houses to prepare the product for sale. Associated jobs include the building, maintaining and selling of boats, and the manufacture of fishnets, crabpots and oyster tongs. Employment on land includes farming, forestry, construction, retail sales, service, real estate sales and the professions. There are two small factories, one making eyeglasses and one making uniforms.

Per capita income in 1979 was \$7,835, which was higher than in surrounding counties but lower than in the state or nation (U.S. Department of Commerce, 1981). This figure does not accurately portray earning power for most employees in the county, since many retirees receive military or civil service pensions.

U.S. Census figures for 1979 show that while 45% of black families in Colonial County had incomes below \$10,000, only 22% of white families had incomes at

this level. Conversely, while 48% of white families had income levels above \$20,000, only 16% of black families were beyond this level. These discrepancies are related at least in part to racial issues which will be addressed in the section on political context.

Working conditions in Colonial County for blacks who are in predominantly black work settings are sometimes very difficult from a mental and physical health standpoint. The hours of work can interfere with getting adequate rest as well as with carrying out family or community responsibilities. Oyster and crab house employees normally start work at 3:00 or 4:00 a.m. and finish eight hours later. Oyster houses operate from early fall to late spring, Monday through Friday. Workers must stand on a concrete platform and with a sharp knife pry open the shell, cut loose the oyster, flip it into a container and toss the shell aside into a hole in the counter. Shuckers are paid by volume, so speed is important. Oysters are wet, grimy and cold, and shuckers wear gloves, head-coverings, plastic aprons and tall rubber boots. Floors are wet and the houses are drafty. In some locations high tides may come up into the building so that at times the shucker is standing in cold water. In some places shuckers work at counters facing

one another, but in others they all face the wall. A steady, fast shucker in a good oyster season can earn as high as \$50 or \$60 per day. In 1982-83, however, the season was poor, the oysters small and difficult to open. A fast shucker has felt lucky to earn \$25 in a day, and some older persons state they have earned as low as \$9. Most shuckers have had their days reduced to two or three per week.

Work in crab houses is similar as far as wetness, cold and messiness is concerned. However, this work is done from late spring to early fall. Crab pickers are seated around large rectangular tables and must contend with sharp shells and more tedious work than the oyster shucker. Crab pickers, even when fast, seldom can earn more than \$30 per day.

The comments of Steinberg (1981) are very apt here. He wrote that large numbers of black workers are in jobs which are not unionized, involve unstable or irregular employment, have low wages, have few benefits and have little opportunity for movement into other better employment categories (p. 211). This statement applies not only to seafood workers but also to many service employees such as domestics in Colonial County.

Watermen are in a better position generally than

seafood workers on land. Most are independently employed, although they must have an arrangement for a market for their catch. Some watermen start their day as early as 4:30 a.m. It is a long day with hard work. Crabbers start the season with perhaps 250 pots spread out over a sizable section. Each pot must be hauled up, crabs shaken loose, the pot re-baited and thrown back overboard. Machinery may be used to do the hauling, but after the crabs are culled according to gender, size and molting stage and placed into barrels and baskets, the crabber must lift these off the boat and on and off his truck. Crabbers must repair or replace the pots each year and often make their own, as well as repaint all their buoys.

Oystermen, on the other hand, do not have to invest in bait, ice or pots. Their major equipment is oyster tongs. The work is hard and involves heavy use of back and arm muscles. An oysterman can also expect to be very muddy at day's end.

Blacks who work on commercial fishboats work with a crew of other men for a season which runs through the warmer months. Some spend the off season on fishboats along the gulf coast. There are a few black sea captains and their earnings are among the highest of any blacks in the county.



Many jobs held by blacks are seasonal, since not only the water-connected businesses but also the hotel/restaurant industry may close for several months during the year. In those businesses that do stay open, layoffs may be made during slack periods.

Business opportunities for blacks in Colonial County are minimal. They tend to be restricted to certain types of businesses. Current black-owned enterprises include: gravel and road construction, trash collection, one gas station, a sawmill, an insurance business, a catering service, a shoe repair shop, two funeral homes, two "beer gardens," a carry-out restaurant and assorted barber and beauty shops. One oyster house operated last year but was unable to open this year.

There are no black bankers, lawyers, physicians, dentists, accountants, pharmacists or real estate agents actively practicing in Colonial County.

### Personal Finances

The management of personal finances in the face of low-paying jobs, unstable employment and few job benefits presents a challenge to many blacks. Historically in Colonial County, they have been more successful at accumulating land and homes than blacks in the deep south apparently have been. Probably this

success was related to factors such as the accessibility of Baltimore and Philadelphia for employment and the influence of the seafood industry. The extreme sacrifice and hard work characteristic of many have contributed also. Virtually all black men over 60 whom I met in this study spent some of their early employment years in the city, where they could earn higher wages to support families. The typical older person, male or female, quit school at an early age to go to work. Many older people began work in their early teens and continued to work into their 70s and 80s. Some worked at an old age not because they wanted to but because their white boss was insistent, and they were afraid to say "No." Many have supplemented meager incomes with the sale of produce, chickens, eggs or with whatever odd jobs they could manage.

In more recent times, many blacks have held more than one job. For example, women who work at oyster houses may do domestic or childcare work in the daytime.

Unfortunately, people with low incomes must usually purchase needed items on time, thus spending more money. This problem seems to help perpetuate a poverty cycle especially for those who do not have the funds to own their own homes. Rental houses for

blacks typically do not provide any heating system or refrigerator. The tenant therefore must purchase these items. Sometimes used items may be bought but maintenance may be required and add to the cost.

For those blacks in more permanent jobs, such as teachers, utility employees, health system workers, some seafood workers and some employees of black businesses, income may be low but it is dependable, and they can plan budgets. In addition, they are covered by health insurance plans and usually also are entitled to a specified number of paid sick days.

#### Health Care System

The health care system has been alluded to several times in this chapter, and since this study focuses on health it seems important to clarify its services.

Colonial County has a hospital of less than 100 beds, a nursing home, a home for the aged, a health department and a volunteer rescue squad. All residents of the home for the aged are black. All members of the rescue squad are white, and it does not accept black members. The other health facilities all provide integrated services and have integrated staffs. However, the hospital board of trustees does not include a black.

There are approximately 20 physicians in office

practice. All are white, as are all their office staffs. Their practices cover the biomedical fields of internal medicine, psychiatry, pediatrics, obstetrics/gynecology, family practice, ophthalmology and general, orthopedic and urologic surgery.

The local health department has clinics for family planning, prenatal care and screening of Medicaid children. Screening and followup for venereal disease and tuberculosis are also provided. Home health care services are offered. There are, however, no general medical services available.

Although several black nurses are employed in the county, none reside in the county. There have been several native blacks who have become nurses, but none has elected to practice in the county. There are two black doctors in neighboring counties, and some Colonial residents use their services.

Health care cost can be a problem for many people. Blacks in Colonial County, as elsewhere, are covered by Medicare, if elderly, and may be eligible for Medicaid, if poor. However, Medicaid financial eligibility requirements are: income of \$2,700 or less for a two-person family and resources of less than \$2,250 including cash value of insurance policies and of acreage not considered part of the home. It

is easier for children than for adults to meet other requirements and virtually impossible for a two-parent family unless disability is involved.

Many blacks in the study county are not covered by health insurance or are only partially covered. Therefore, some have medical indebtedness which they must try to pay over a period of time. In other cases, several informants spoke of going without or cutting their use of medicine to save money. Others mentioned trying self-care as a means of saving expense.

One example of health costs may help to illustrate the problem. Joan Miller has a husband with a steady job and health insurance. One of her children had to be evaluated by mental health professionals for "slow learning." The bill was \$225, 80% of which she hopes will be covered by insurance. Meanwhile, she is supposed to pay the bill. She was told that possibly "they can work it out so I pay by income." If so, the charge will be \$6 instead of \$225! However, she does not understand what is involved. In addition, like many residents, she had to pay someone to drive her and her child to the appointment.

### Political Context

The history of slavery in Colonial County has already been described. This is a topic which,

understandably, blacks do not like to discuss. Since slaves were forbidden from learning to read or write, blacks must depend on the oral tradition for any family history dating back to those times. Some informants know which ancestors were slaves and others do not. Three can recall stories told to them by former slaves, but these stories will soon be lost forever, as they are not being recorded anywhere.

In a political sense, Colonial County presents a picture that varies somewhat from much of Southern black history as depicted in the literature. Clearly, power and control have always been in the hands of the whites. Yet in several ways this area has escaped some of the more extreme forms of oppression. A brief discussion may serve to clarify this point.

#### Formal Political Control

Insofar as elective or appointive office is concerned, blacks have never been active participants in the political process in Colonial County. However, there has apparently never been a problem with voter registration, although literacy tests and poll taxes were used here as elsewhere in the South. All elderly study participants stated that they have been registered voters from the time they reached their early 20s.

Financial control has always belonged to the whites. This has been accomplished in part by control of the banks and county political offices, and in part by the informal system which has provided for white domination of the job market, business opportunities, credit and the sort of social interaction through which important contacts and communications are often made.

The school system is another part of the formal system which contributes to the preservation of white political power and control. Although the U.S. Supreme Court school desegregation decision occurred in 1954, Virginia politicians maneuvered successfully to avoid implementation for many years. Colonial County public schools were finally integrated in the fall of 1969 in a manner which nevertheless ignored black leadership through lack of conferences or other preparation for this major social change, either for teachers or for students. In the schools today, according to both black and white informants, assumptions are made that social position reflects intelligence. Children of professionals are thus steered to college preparatory activities while students from poorer families are discouraged from goals of academic development.

### Informal Political Control

As has been suggested, segregation is in itself one effective means for exercising political control. Blacks continue to be segregated from whites in many job roles and in virtually all social activities.

The legendary "good ole boy" network for which white southerners are famous continues to exist and provides one informal means of political control. Presumably it is this network which has helped to keep the major town in Colonial County firmly in control of white natives. This town, which is the commercial center of the community, is essentially closed to black-owned business as well as to visible black employees.

Another means of informal political power is the control of information. In addition to the several examples already cited, the school system can exert an influence. Black students are given a white ethnocentric version of history by the exclusion of black history from their history courses. This might seem less significant in a part of the United States which does not place such emphasis on the importance of history. In Colonial County a major foundation was established to assume preservation of the church of the famous slaveholder mentioned earlier, and a large



corps of volunteers staffs an information center with much pride in the accuracy of their historical research. Whites do not seem to see the irony of all this effort and money concentrated on preserving the historical tradition of a man who acquired great wealth and reputation at the expense of other humans' lives, and of preserving this tradition in the name of a place supposedly devoted to human moral development, a Christian church.

### Institutional Racism

Although the more violent forms of racism such as lynchings, beatings and burnings have evidently not been actively practiced in Colonial County in this century, there is an active Ku Klux Klan and there were cross burnings in the lifetime of some informants. As Steinberg (1981) has pointed out, America set a precedent for tolerance of inequality and legitimation of it both morally and politically through the slavery system. Blacks were defined as inferior so that they could be enslaved; that is, an "ideological smokescreen" was created to justify inhuman labor exploitation. The purpose of racism has been largely one of economic and political power and control. The social and moral aspects of racism have been means used to try to legitimate the political role of

whites (Steinberg, 1981, pp. 26-31; Anderson, 1974, pp. 190-302).

By ignoring the fact that whites have oppressed blacks through social, political and economic discrimination since the 18th century, local whites are evidently able to convince themselves that blacks are basically inferior. It is then an easy step apparently to also justify rude behavior, racial slurs and practices such as calling a respectable elderly man, "boy." Informants cited many examples of such racism.

To be fair, there are some whites who treat blacks politely and respectfully and even a few who treat them equally, but in present day Colonial County such whites are still the exception.

Perhaps the key point to be made about black politics is its inseparability from black theology and religious practices. Southern black culture has resisted the harsher tones of the militant black power movement because of "its inherent appeal to racism which has for so long been anathema to that culture" (Watters & Cleghorn, 1967, p. 301). The "radicalism" of the civil rights movement sprang from the belief by southern blacks in "the founding principles of American democracy and the moral imperatives of Western philosophy. . ." (Watters & Cleghorn, 1967,

p. 307). Thus, the immorality of white behavior has enabled blacks to recognize their own moral superiority to whites, and it is through their religious beliefs, their churches, and their preachers that they have been able to come to terms with many of the political issues. It is not mere chance that has led to black political leaders frequently coming from the ranks of church leaders.

### Sample Characteristics

An effort has been made to describe the key contextual elements of the study community in sufficient detail to set the stage, as it were, for the presentation of the health belief and health practice system which will be described in succeeding chapters. A summary of demographic characteristics of study participants will now be provided. The focus of this section will be primarily on the 55 adults who participated in formal interviews, with some comments on others who contributed data to the research. Resource persons will be discussed separately.

### Age and Gender

The age range of those interviewed was from 20 to 94, with the sample skewed slightly to the elderly, but the total number of hours spent in interviews was

probably highest for the 20-40 age group due to multiple interviews with several key informants. Since the data provided by participants included many details about the health beliefs and practices of a variety of family members, I believe that most segments of the black population were well covered. Adult males below age 60 living alone are the only group not represented by the study data, since none were interviewed formally or informally. However, they are less than 1% of the county black population (U.S. Census, 1980). Table 1 shows the age and gender of the sample.

#### Education and Occupation

The education level of the sample ranged from no formal education to completion of graduate school. The sample is skewed slightly to those with elementary school education or less, an accurate reflection of the total black population. As mentioned earlier, many families have members who have graduated from high school or from college and reside elsewhere due to the lack of job opportunities in Colonial County. Thus, as might be expected, only one of those with a minimal education is under 40 years old, and more than half are over 65 years old. The information on educational levels and the numbers of persons

Table 1  
Sample Age and Gender

Age	Gender	
	Female	Male
20-40	11	4
41-65	16	3
Over 65	16	5

achieving each level can be found in Table 2.

Occupations of study participants are difficult to characterize. About half the sample have at some time worked in the seafood industry, and some were employed there at the time of the study. For women, the predominant seafood occupation has been as oyster shuckers, with a few having also been crab pickers. For men, the major seafood occupation has been as fishermen, with a few having been oystermen and/or crabbers. Other female occupations have included teaching, health care, hairdressing, cooking and domestic work. Other male occupations have included farming, construction, trucking, sales, teaching and health care.

#### Birthplace and Residence

About two thirds of the sample were born in Colonial County, and another 12 persons were born in neighboring rural counties. Only three persons were born out of state, one of these in the "deep South."

About half the sample have lived in an urban area for a portion of their lives, but virtually all maintained their ties in Colonial while they were away. Many residents have relatives in cities, especially Baltimore or Philadelphia, and visit there frequently.

About half the sample lived in the more rural,

Table 2  
Sample Education Levels

Years of School	Numbers of Persons Attaining
0-6	17
7-9	11
10-11	9
12-15	9
16 and above	5
Not known	4

isolated end of the county and about half in the end with more towns. Only 8 households were rental properties, and 15 were without indoor plumbing.

#### Resource Persons

The 12 persons who were interviewed primarily for their special perspective on the community were younger and better educated than the sample as a whole. Half were male, and 3 were white. The resource persons included health professionals, ministers and an educator.

#### Summary

In this chapter the community of Colonial County and the study sample have been described. Emphasis has been on the social, political and economic contexts in which a black folk health system has developed. With this background information as a foundation, this health system will be depicted in succeeding chapters.



## CHAPTER IV

### STAYING HEALTHY

In this chapter and in the two which follow, the folk health belief system of Colonial County blacks will be described and analyzed. Since understanding the religious belief system is the key to understanding the health belief system, the chapter will start with a description of religious beliefs expressed by study participants. The meaning of health will next be addressed, followed by beliefs about protection and maintenance of health, and then a discussion of sources of health guidance. Conceptualization of body function and the causes of sickness will be considered in the next chapter, while beliefs about health restoration will be delineated in Chapter VI.

#### Religious Belief System

The historical origin of the black church and its role in the community have already been discussed. It was suggested that the church has influenced values, served as a source of strength and power, and had a role in social and political change. The

religious convictions associated with the role of the church are addressed next.

### Black Theology

In the early days of Christianity among blacks, the church was a refuge from a hostile white world (Frazier, 1963). However, according to Lincoln (1974), the "Negro church of Frazier" died in the 1960s when it was faced with the fact that "Negro" and "Christianity" were irreconcilable categories. The church was then "reborn" as the "bold, strident, self-conscious phoenix that is the contemporary Black Church" (p. 106).

The problem for black Christians was what Lincoln (1974) calls "white theology." By ignoring the theological issues relevant to blacks, such as the immorality of racism, white theology essentially denies the existence of black people and, at the same time, leaves white people without a realistic view of themselves and their Christian responsibilities. Thus, white theology has served as a foil for white political and economic interests (Lincoln, 1974, pp. 142-149).

Black theology, on the other hand, strives to meet the needs of blacks for understanding themselves and their place in the world. It is, therefore, a

theology of liberation, a theology which can guide blacks in their search for freedom to be humans, to be persons, and to be accepted as such (Lincoln, 1974, pp. 135-150).

Blacks have always sought a personal relationship with God. They take their religion seriously, and they expect and listen for a message in preaching which may help them in their daily lives. The content of religious music, as well as the conduct of religious services or meetings, reflects these beliefs. Blacks expect to be active participants in any activities. Participation may include the creation of original words to songs, the spontaneous testimony of a personal spiritual view, or the expression of emotion. Blacks listen, and they respond. Singers may be encouraged with cries of "sing it, sister" or "that's all right," while preachers may receive shouts, clapping, assent and urging to "fix it up, now." It was striking to me during services which I attended, that audience response showed complete attentiveness to the content of sermons, songs or testimonials. As Levine (1977) has pointed out, black religious practices have helped to keep alive many strands of African culture and represent a unique cultural style.

### Religious Affiliation

The blacks who participated in this study were served by 13 churches: 9 Baptist, 2 Pentecostal, 1 Methodist, and 1 Jehovah's Witness. All predominantly black churches of Colonial County were thus represented. The religious affiliation claimed by black informants can be seen in Table 3. Many of the adults who attend the Pentecostal or Jehovah's Witness churches were brought up as Baptist. There is some resentment on the part of Baptists toward those who left the Baptist church. There is also some resentment on the part of Pentecostals toward certain Baptists who are said to belittle Pentecostal beliefs.

There are some differences between the various churches, but there are many similarities as well. Those blacks who have more education and/or higher incomes than the average Colonial County black are not concentrated in any one church. Similarly, persons who are at the lower income and education levels seem to be spread out over many different congregations. People tend to attend the church in which they grew up, especially if they reside close to it. However, not all ministers are equally popular. Among Baptists there are both "old style" and "new style" preachers. The former is usually a non-seminary-

Table 3  
Religion of Sample Members

Religion	Number
Baptist	54
Pentecostal	6
Jehovah's Witness	2
Methodist	1
None	1

educated man who was "called" to the ministry. His sermons are apt to be fiery, to emphasize the role of "God's will," and to invoke guilt on the part of listeners. The new style minister is usually a seminary-educated man who, nevertheless, is also expected to have been "called" to the service of God. His sermons may be fiery and emotional or may lean to a more intellectual, rational style. The newer emphasis in message seems to accent the individual's responsibility and opportunity for influencing the direction of his life.

The notions that adherents to Pentecostal beliefs are "lower class," or that "lower class" blacks engage in greater emotionalism and less decorum than do those considered to be more "middle or upper class" (Snow, 1971) were not well supported by the data in my study. College-educated informants, for instance, were split between the Baptist, Pentecostal and Jehovah's Witness faiths. Moreover, comments were made by several persons regarding their appreciation of emotionalism in religious services. Two informants who are college graduates and would meet traditional criteria for middle- or upper middle-class status, stated that blacks expect feelings to be expressed in church services and are not ashamed of nor embarrassed by such

expression. The older of these two informants explained that there was a time when many blacks were not shouting or responding and seemed to feel that it was unsophisticated, but that there has been a return to it, and younger adults now seem to feel free to show their emotions. I also noted that a young seminary-trained minister exhorted his congregation to respond in any way they felt moved to, while worshipping in his church.

It should be pointed out that, although Pentecostal religious beliefs and practices are being presented here as if Pentecostal were a denomination, it is not. Informants explained that Pentecostal is a way of believing and that many persons belonging to denominational churches, such as Baptist, share in Pentecostal beliefs.

#### Specific Religious Beliefs

It was a rare interview during my fieldwork in which religious beliefs were not linked with health beliefs. The role of God, fate, sin, prayer, faith, salvation, the Bible and afterlife in relation to health were recurring themes. Similarly, in every church service which I attended there were references to health. Bible passages were cited frequently by informants as sources of particular beliefs, and many

people could quote not only chapter and verse numbers but large segments of content.

Key religious beliefs of study participants can be summarized as follows:

- God has a plan.
- We do not always know God's purpose, and it is not for us to judge God's plan.
- The Devil will continually try to win control of your soul.
- God will not do anything bad, but He might turn you over to Satan, except for the soul.
- God should be put first in your life every day, not just on Sunday.
- God should be thanked for your blessings.
- Put your trust in God, not in human beings.
- If you believe completely in God, there is nothing He cannot do.
- You must repent all sins in order to be saved and must be saved in order to attain eternal life.

The way in which these religious beliefs are connected with specific health beliefs will be described later as the health beliefs are discussed. However, a fuller explanation of some of the preceding religious beliefs may clarify their meaning more completely.



The belief that God has a plan is closely allied with views about fate. Many informants stated that a person's days are numbered when born and, as one explained: "when that number runs out, don't care where you are, it's your time to go." Some people indicated that although God has a plan for everyone, "it is not for us to know," but everyone will have some good days and some bad days. If a person has no trials or trouble, one informant commented, then that person "is in the hands of the Devil."

People can expect that the Devil will try hard to influence them and to win control of their souls. Satan will tempt people at every turn and, if they are disobedient, God may turn them over to him as He did with Job in the Bible story. All sin and evil is associated with the Devil. God is just and will not do anything bad or evil. God may at times need to test a person's faith or put people through trials to show them the extent of His power or to teach them the error of their ways.

God should be put first in peoples' lives and should be thanked for all the blessings He bestows on them. Serving God is not seen as an activity to be saved for Sundays and church services. People are expected to remember daily their indebtedness to God.

Putting God first in one's life means putting one's faith in God not in humanity. The interpretation here seems to be an emphasis on the power of God rather than on the untrustworthiness of human beings. It is God who makes our accomplishments possible. To rely on human beings instead of God is to put God aside.

Most informants felt that if people believe in God, anything is possible. As one said:

If you got faith enough in God (some people just got that sketchy faith, they don't really believe Him--plenty of people like that) but you have to believe in Him with all your heart, mind, soul and you can ask anything you want, God'll give it to you--nothing He can't do, if you'll just ask Him and have faith--you got to have faith (Luther Banks).

It is expected that all people will sin from time to time. What is important is that they repent. There are some differences between Baptist and Pentecostal beliefs about sin, baptism and salvation which will now be clarified.

To refer to "Baptist beliefs" is not very meaningful, in that there are more than 25 different national organizations of Baptists and many independent Baptist churches with variations in policy and emphasis. Interpretations described in this study as "Baptist" are all derived from Colonial County blacks, including ministers, and may not accurately represent

Baptists in other locales. The black Baptist churches of the county all belong to the same national organization and must all provide baptism and the Lord's Supper for their congregations. However, the specific details of these rituals are left to each church.

Baptism is a ceremony which symbolizes the washing away of sins. The significance of the ritual lies in its meaning, not in its procedure. The key purpose is the acceptance of Jesus Christ as one's personal savior. It is not essential to be baptized to be saved, but it is necessary to repent one's sins. Thus, if a hospitalized patient is concerned about salvation, he can be saved by repenting his sins even though he is not able to participate in a baptism ceremony.

There was some disagreement among Baptist informants about the concept of sin. Some believe that two sins are more serious than all others and cannot be forgiven: suicide and cursing God. However, a minister explained that the only forgivable act is the "willful rejection of God's Holy Spirit." Possibly suicide and blasphemy might be considered to be examples of this sin. Any rebellion against the moral order of God is a sin. According to the minister, one sin is not worse than another in God's eyes as all must be repented. However, "some have greater

consequence for man as man," since secular laws punish in relation to secular perception of severity. Sins which affect the integrity of the community, such as adultery or drunkenness, may be of greater concern to a particular congregation and emphasized more strongly by their pastor.

Salvation requires true repentance, which implies discontinuing the sinful behavior:

The Bible say everybody's saved by their own belief. You shouldn't pray for forgiveness and then keep turning around and doing the same thing again, 'cuz He get tired of fooling with you and He'll leave you in the hands of Satan and he can work with you then (Lisa Brown).

The importance of personal involvement and participation of the saved person in responsibility for others is reflected in the pride with which informants related conversion stories. One example follows:

A man lived right over across the road-- a wicked man, the wickedest man we had in the area anywhere around here. I used to take that Testament right there every Sunday morning--I was living a good life--I'd go over there, read that Bible to him, sing, pray for him, sit down and explain it to him--his wife walking to and fro wiping tears in her apron--every Sunday morning. All he'd say was, "I reckon so."

One Monday morning he went to work. He said he was in the woods hauling an oxcart and he said: "Didn't see a soul in the woods but my oxen and something got on me and I was whooping, hollering and crying fit to break my heart." He asked me: "What you reckon that was?" I said, "God wants you to come over to His side--that's the Devil and God warring together--God wants you and the Devil wants you." I said, You was caught between two opinions, didn't know

which side to get on." I said, "God needs you."

That was an old man--sinful, wicked man.  
He died before he got baptized--that's the only thing--but he was saved (Luther Banks).

Like Baptists, adherents to Pentecostal beliefs view baptism as a ceremonial washing away of sins. It is believed that people are born with sin and must confess, repent and accept Christ into their lives to be "born again" or saved. In addition, people should strive for baptism by the Holy Ghost. Being filled with the Holy Ghost helps to keep a person from falling from grace, once saved. The phrase "annointed with the Holy Ghost" may be used to refer to this phenomenon. Anointing is not achieved by everyone right away, but when it is, it completes the process of salvation. One sign that a person is filled with the Holy Spirit is that the person "speaks in tongues." Words come out of the person's mouth in a "language" not known to that person.

For persons who follow Pentecostal teaching, there is a strong belief that Christianity requires some additional behaviors beyond those already described. The phrase "holy and sanctified" is sometimes used to indicate people who subscribe to the Pentecostal faith. "Holy" indicates that they are set apart, and "sanctified" that they are clean and pure. Followers are, therefore, admonished to live

in a manner that identifies them as set apart and pure. They are urged to live close to God and deny themselves "things of this world": liquor, cigarettes and gambling. Premarital or extramarital sex are particularly prohibited. However, the only sin which cannot be forgiven by God is blasphemy.

In both Baptist and Pentecostal religions the primary goal one strives toward is salvation at the time of death so that eternal life and peace may be attained. Worship services are similar, although Baptists plan a program in advance while Pentecostals have a spontaneous one. The latter add tambourines, drums and guitars to musical accompaniment, and may shout more and may dance in the aisle. However, the noisiest service which I personally attended was a Baptist one. People were observed to "fall out" or "get happy" in both types of churches, although only women were seen to do this in Baptist services. The only other difference which I noted was a "prayer line," a ritual not followed in Baptist churches. Supplicants line up to ask for prayers and blessings for needs of themselves or others.

Only one informant belonged to the Methodist faith and only two to Jehovah's Witness. Of the latter, one was not knowledgeable about the church

teachings. Therefore, a lengthy description of the belief systems of these two groups is not deemed necessary to the purposes of this study. Jehovan's Witnesses do believe in baptism, in repenting sins and in the promise of eternal life, although not in Heaven for most people. Several of their beliefs relate to health practices. Smoking is prohibited and cleanliness is urged. Witnesses will not accept blood transfusions and cite Bible passages to support this belief. Taking blood into the body is seen as breaking God's laws.

Religious beliefs play an important part in the lives of virtually everyone who participated in my research. The significance of the spiritual belief system to the health belief system will become clearer as the latter is addressed.

### Meaning of Health

The concept of health is a complex entity, if one is trying to assess its meaning through reading some of the literature (Chrisman, 1977; Dingwall, 1976; Dubos, 1959; Fabrega, 1979; Mishler, AmaraSingham, Hauser, Liem, Osherson & Waxler, 1981; Wu, 1973). In my fieldwork, however, an effort was made to assess the meaning of health for blacks in Colonial County in order to understand their health belief system.

### The Concept of Health

Health is widely viewed by study participants as a gift or blessing from God. While they feel that they can influence the state of their health by how they take care of their bodies as well as by being good Christians, they also believe that God is ultimately the one who deserves credit for good health.

Informants provided several definitions of the word "healthy":

- Having good eyesight, good hearing, sleep well and eat well.
- Feeling well--it's how you feel.
- Able to get around and work.
- Not a state of your body but a state of your mind.
- No aches, pains or disorders of the stomach.
- No sickness, no health problems, no medicines.
- Physical, emotional and spiritual well-being.
- Able to function physically.

Probably the most graphic description of the term was given by an elderly woman who said she had "never been sick":

Feeling good, a good appetite--do what you want, go where you want. I used to work all day, come home, fix dinner, do chores, and go to the oyster house at midnight to shuck oysters all night--that's healthy (Pansy George).



As can be seen, the definitions of health from the study cover a broad range of categories. However, in general the emphasis was on how a person feels. If people feel well, then they are considered healthy, regardless of the presence of any conditions which affect their health. Thus, several informants explained that people can have "high blood," "sugar" or a cold yet still be healthy, although some people with these problems are not healthy (see Appendix C).

When people were asked how they might rate their own health, most said it was average or better than average. Many of those who felt they were healthy have such conditions as "high blood," and one has arthritis severe enough to prevent her from walking. Several of the older informants indicated that people must expect some health problems with advanced age, and qualified their rating of "healthy" with "for my age."

### Concepts of Sickness

One of the unanticipated findings of this study was the way in which Colonial County blacks differentiated some terms related to health problems. The three most commonly used terms were ailment, sickness and illness. Unlike health professionals, who tend to use the word "illness" to refer to virtually any

biomedically designated health condition, and also unlike some social scientists who have tried to establish the word to refer to socially defined health problems, study participants generally felt that "illness" indicated an advanced state of poor health.

As one informant explained:

Thanks the Lord I ain't never been real ill. Little things that affects you, you go to the doctor, but I wouldn't call that ill--but maybe if you go to the hospital--but I did go to the hospital last year, but I wasn't really ill. I did have to have an operation, but I wasn't ill (Betty Gray).

Another informant explained further:

Ill is sick enough to go to the hospital--can't do nothing--need intensive care--nobody but your people can visit. There's not much chance of getting better (Luther Banks).

The typical example people gave of an illness was cancer. Interestingly, one person, who had discussed health terminology with me in an early interview, told me later that he had been to visit someone in the hospital following our interview and noticed that on a "get well" card the sender had crossed out the word "illness" and written in "sickness."

There was a wider range of meanings attributed to "ailment" and "sickness." Many study participants described ailment as referring to chronic problems such as arthritis or high blood, but some thought it designated conditions that are temporary, such as

colds, or that "come and go," such as headaches. Similarly, some persons felt that a sickness was a short-term problem such as a cold or flu, while others believed the word refers to chronic conditions. Several people suggested that there is a sort of health continuum: healthy, ailing, sick and, finally, ill.

Other terms for health problems are used with less frequency. The biomedical word, "disease," might be utilized to refer to a condition such as venereal disease. The word "afflicted," was also mentioned by a few informants and can mean either mentally or physically disabled.

#### Prevention of Sickness

Staying healthy requires actions which will promote health and prevent sickness. On this point, health professionals and Colonial County blacks would agree. However, whereas allopathic medicine emphasizes maintenance of the physical body, area blacks believe in preventive behaviors which blend spiritual and mental aspects along with the physical.

#### The Role of Religious Beliefs

God is widely viewed as a protector of human health. God wants people to enjoy good health. People should strive to follow God's teachings and to

"lead a good life." If they are true children of God, they may have good health. However, there is no guarantee of health as a "reward." There is a promise of everlasting life. Saved Christians who live a good life can expect to fulfill this promise.

Fate, as was mentioned earlier, influences the length of one's life. Everyone's days are numbered when born. Some informants stated that people might lengthen that number by living close to God. Many mentioned that people can "hurry themselves away" by sinful behavior or by abusing their bodies. Some informants described the body as a sort of sacred trust put in their care by God. Improper care of the body is thus another instance of disobedience to God.

Prayer is of major importance. The Lord should be thanked for the blessings He brings to a person. People should also turn to God for help or guidance when needed. Prayer reflects the trust and faith one has in God. Through faith and prayer one's health can be enhanced.

Several study participants explained that people who are true Christians could even drink poison and not be hurt by it. The Bible was cited as the source of this belief. Several informants felt that through their faith in God they were protected from harm by

malevolent forces. This type of harm could include sickness from being "fixed" or from being possessed by evil spirits. "Being fixed" refers to the practice of hoodoo in which, it is believed, one person can bring trouble to another by putting a substance in that person's food or drink or by placing a substance where the victim will walk over it unknowingly.

### Dietary Patterns

Almost every participant in this study mentioned diet as a major factor in maintaining health. They stressed the need for balanced meals and a diet that is low in fat, salt and sugar. The importance of fresh vegetables and fruits was mentioned. Many people expressed concern that it is becoming increasingly difficult to obtain "natural" foods. Many supermarket products are processed foods with various chemicals added. So-called "fresh produce" is difficult to evaluate nutritionally, as it is not possible to know the chemicals which have been used in fertilizers or in insecticides during the growing process.

Colonial County blacks have often grown up with the availability of fresh produce from their own gardens, of fresh eggs, and of their own sources of meat. While some younger adults seem to have gotten away from raising their own gardens, hogs and chickens,

many may still obtain fresh produce or meat from their parents or grandparents.

Specific examples of dietary patterns were gathered through several means: observation of foods eaten by various individuals, observation of selections in the supermarket, informants' statements about food choices and preferences, and written records of meals kept by a few households. In some homes a two-meal pattern may be followed. Elderly persons, particularly, may have a late morning meal and then an evening meal. Popular choices for the first meal of the day include orange juice, eggs, salt fish, ham, porkchops, bologna, fresh fish, bacon, sausage, pancakes, cereals and potatoes. Various breads, jams and syrups may accompany the meal. Lunch, if eaten, often consists of soups, leftovers or sandwiches. Examples of sandwich preferences include ham, cheese, tuna salad, peanut butter and corned beef. Dinner is normally the main meal of the day. Meat selections for this meal may be porkchops, ham, spareribs, pig-feet, hotdogs, fish, chicken, turkey, liver and beef. Popular vegetables are corn, cabbage, cooked greens, white or sweet potatoes, peas, green beans, other bean types and turnips. Salads or coleslaw are sometimes eaten, especially when gardens are producing.

Beverages selected for adults may be coffee, tea, milk or soda pop. Children may have milk but also consume "Kool-Aid" and/or soda pop with many meals. Desserts are not served daily by most informants, but when they are chosen, cakes and pies, especially sweet potato pie, are well liked. Fresh fruits are eaten by some but do not seem to be eaten even once a day by many. Children were often observed to snack on cereals such as "Sugar Pops" rather than on fruits.

One aspect of dietary patterns which is important for its relationship to health is food preparation. Fried foods are preferred by many Colonial County residents, both blacks and whites. Bologna may be fried when used as a breakfast food. Pancakes, when I saw them prepared, were always fried in butter. Fat content of many foods is increased by their preparation even when not fried. For instance, baked chicken or fish is often "flavored" by cooking bacon or other "fatmeat" along with it. Many vegetables are similarly cooked with fatmeat. Onions, black pepper and salt are popular seasonings when cooking. Clearly sodium content of cooked foods must often be high even before any salt is added at the table. Curing, both of fresh fish and fresh hogmeat, involves use of a brine. Hog curing may also include sugar. Much of the pork and

fish eaten by study participants has been cured.

Obviously there is some discrepancy between what informants believe is a healthful diet and what they actually eat. Presumably, this sort of discrepancy may be true for many people in other locales also. Kiple and King (1981) concluded, in a comprehensive historical analysis of the relationship of black health and dietary patterns, that:

Afro-Americans have endured centuries of nutritional deprivation . . . [and] because many of these deficiencies occur among black people regardless of income . . . a lack of dietary information may be as serious a problem as low incomes in the nutritional plight of many of the nation's blacks (p. 195).

While part of the difference between informants' dietary beliefs and behaviors may be due to motivational factors, it is my impression that "a lack of dietary information," as Kiple and King suggested, may be a key factor for Colonial County blacks. Certainly sources of information about nutrition have been and still are limited in the area. Most adults had no health education in school and women, if they had prenatal care when pregnant, seldom had dietary teaching at this time. When nutrition has been presented, it has tended to be in very general terms. Informants clearly were aware of these general recommendations, such as "low fat" or "low salt." What seemed to be



missing, however, is specific information on nutritional analysis of individual foods and food preparation accompanied by individualized health teaching.

In fact, based on reported advice to informants from health professionals as well as on my own professional experience in Colonial County, it would appear that many persons engaged in any form of health education may themselves lack the information needed.

It should be pointed out that one study participant, a high school dropout, was a notable exception to the analysis just made. She has an extensive library of books about health and is knowledgeable about their contents. Moreover, she follows many of their suggestions and is particularly cognizant of and attentive to dietary practices.

#### Care of the Body

In addition to the importance of nutrition in preventing sickness, Colonial County blacks shared several other beliefs about the care of the body. The need for both rest and exercise was emphasized. Some people stressed the importance of cleanliness, some extending this point beyond the body to the mind and soul. Attention to skin care was mentioned, as was special effort to protect the feet. Several people also suggested the need for "proper clothing" and

avoidance of exposure of the body to coldness and dampness. A few persons stated that smoking was bad for the health and, of course, both Pentecostal and Jehovah's Witness religions prohibit smoking. Only two people indicated dental care helps to protect health. Vitamin pills were recommended by two or three persons, as was cod liver oil to "build bone" and to protect from colds.

Only seven persons mentioned medical checkups as a preventive measure. No specific demographic pattern was associated with this belief. While some of these persons have chronic health conditions, some do not. Many persons with stated chronic problems such as "high blood," "sugar," and "low blood," did not indicate a belief in medical visits for prevention of sickness or for health maintenance. Perhaps some feel that having a permanent health problem means it is too late for prevention. If so, this might indicate a lack of awareness of possible complications or extensions of these problems. It is also possible that people may simply not view the allopathic health care system as having a role in prevention.

### Spring Tonics

Most informants in this study were given sassafras tea as a spring tonic when they were children.

Many continue to use it for themselves and to give it to their children. The traditional method for preparing the tea is, first, to dig up young roots of a red bark sassafras tree in the spring of the year before the sap rises. The roots can then be dried out, cleaned off and placed in water to brew. Tea can also be made from the bark of the tree in a similar manner. The modern approach to preparation is to buy sassafras tea in a store.

The primary purpose in imbibing this tea is to purify the blood and thereby enhance health status. Several persons explained that the tea is good for cleaning anything out of the body or "cleaning out your system." Part of the belief stems from the associated belief that over the winter many impurities build up in the blood, perhaps through being indoors more and having more colds than at other times of the year. A rash, according to some informants, indicates that the impurities are coming out and the tea is accomplishing its purpose.

It is not surprising that sassafras tea should be so well known in Colonial County, as it has a long history and popularity in various parts of the United States (Aikman, 1977; Angier, 1978; Vogel, 1970).

### Use of Charms

The use of certain substances to ward off sickness has been described by both historians and folklorists. One of the most widely known substances is asafetida, defined as "a gum resin having a bitter acrid taste and an obnoxious odor, obtained from the roots of several umbelliferous plants of the genus "Ferula (Stein, 1975).

Asafetida has been used in the United States by whites as well as by blacks. Its use by Afro-Americans dates back to slavery times when it was worn in a bag on a string tied around the neck. Often the bag was made of red flannel. The practice was still widespread when Hyatt carried out his extensive folklore study of southern blacks in the 1930s (Hyatt, 1970; Levine, 1977; Puckett, 1926; Webber, 1978).

Many colonial County blacks wore asafetida bags as children. "The smell was awful," one man told me, "and children often pulled the bags off and threw them away." A few informants stated that they had made their children wear asafetida also, but many did not continue the practice. At one time the herb could be bought at any store where people bought groceries, but nowadays it is not available anywhere in the county. Some people told me they had heard that it could

be ordered from a catalogue or that it was available in the cities, but all claimed to lack further specific details.

A few other examples of charms were given. The wearing of copper bracelets to prevent arthritis from developing was mentioned by some informants. The wearing of silver, either in the form of a bracelet or as a silver coin on a string or chain, was a practice also known to some. Silver has an apparent association with conjury and is believed to protect against "being fixed." Silver can also alert someone to conjure by turning black if "fixing" has occurred. Similarly, should someone suspect that a substance has been placed in food or drink, filing a dime into that food or drink will confirm or refute the suspicion. Another protective measure mentioned included red pepper in the shoes or sprinkled over the doorstep. Use of copper, silver or red pepper to prevent sickness, natural or unnatural, has been described in the literature (Hyatt, 1970; Puckett, 1926).

Two other examples of protective substances are onions and whole nutmegs. Onions hung over a door or window were believed to keep germs away, and two informants remembered their parents following this practice years ago. Nutmegs were worn around the neck

to protect against sickness, particularly colds. Both of these preventive health measures appear to have disappeared entirely from the study locale.

A few persons connected the use of charms to religious articles. While some people would no doubt dispute the appropriateness of relating sacred objects to "charms," a term which connotes magical qualities, I include the religious articles here for two reasons: some informants listed them as examples when I asked about charms and, as mentioned earlier, many persons integrate beliefs about religion with beliefs about protecting one's health. The two examples given were wearing a cross and possessing a prayer cloth.

#### The Role of the Mind

The importance of one's mental outlook was stressed by study participants in a variety of ways. Several stated that positive thinking is a means for preventing sickness. At times, the interpretation seems to be that the mind can control the body, a sort of willing good health to oneself. At other times, the emphasis made was on a person's rationality: "God gave you a mind to think and evaluate things." By exercising this rational ability, people can protect their health.

Another aspect to the role of the mind in

affecting health is the belief that a mind at peace can have an influence on the physical health of the body. Unity of the mind, body and spirit is considered to be necessary to achieve complete health. This last belief of informants reminded me of Capra's (1975) description of the world view associated with the Eastern mystical tradition.

The role of the mind in prevention of sickness is closely tied to the belief system relating to causes of sickness which will be discussed in more detail in the next chapter. However, it is important to note that a corollary to the belief that positive thinking can help health is the belief that negative thinking can harm it. Here again, the significance of religion comes into play. As one person explained: "If you are not saved, the Devil lodges things in your mind--some people are always watching for something evil and if you believe anything, it can happen."

#### Sources of Health Guidance

A variety of resources are utilized by study participants when information or guidance about ways to maintain health is sought. The most popular human resources are parents or grandparents, particularly (but not always) the female relatives. Other persons consulted include siblings, aunts, neighbors, friends,

co-workers, pharmacists and those people who are thought to have special knowledge or healing skill. There are some residents in Colonial County who are known to be particularly well informed about the use of herbs, plants and the like. There are also some people who have had various amounts of health training or education. Either of these two types of people might be consulted. Physicians are, of course, known to have medical knowledge, but they are not generally approached for health advice unless someone has a health problem which is felt to need medical attention.

As might be surmised, spiritual advice is frequently sought by Colonial County blacks. Ministers, Bibles and "holy and sanctified" persons were all described as sources of health guidance. The latter were mentioned by Baptists as well as by Pentecostals.

Other persons believed to have special health knowledge, such as spiritualists, root doctors or fortune-tellers, would, in most cases, be approached only when someone already has a health problem. In the chapter on health restoration, "healers," including the types just mentioned, will be discussed.

Other resources for prevention of sickness are sometimes used. Many informants have, or have had, home medical books. Some of these are quite old, one



dating back to 1911. In some instances they have been carefully preserved and passed down from older relatives. Some people have much newer books, although they may still also refer to the time-tested ones. In addition to books, informants learn health measures from magazines, television and pamphlets available in health care settings.

### Summary

For Colonial County blacks the most pervading theme expressed in their beliefs about promoting health and preventing sickness is the unity of mind, body and soul. Religious beliefs are inextricably integrated into informants' health beliefs along with other aspects of living. The meaning of health, preventive practices and resources for health guidance are all intermeshed with spiritual backgrounds of people. Intracultural variation means that for some the conscious application of religious training may be less important than for others. Nevertheless, for virtually all study participants, staying healthy requires drawing upon the religious belief system in a variety of ways.

In the next chapter, beliefs associated with health conditions and causes of sickness will be discussed.

## CHAPTER V

### HAVING HEALTH NEEDS

A major purpose of this chapter will be to describe and analyze the folk health beliefs which Colonial County blacks have concerning causation of sickness. In order to understand beliefs about sickness, it will be helpful to first consider some concepts about the body and its functions. In addition, the belief system surrounding childbirth, an essentially healthful condition, will be discussed as an illustration of some perceptions about body function. Major causes of sickness will then be addressed, followed by informants' conceptualization of several specific health problems and their etiology. Interwoven throughout the chapter will be contextual issues relating to the health of the black community with particular emphasis on the religious belief system.

#### Health Conditions

Only a handful of participants in this study have had any formal schooling in anatomy and physiology. Therefore, the conceptualization which most people

have about the body and the way it functions has evolved from several other sources. Health professionals may have offered explanations of physiology and pathophysiology to individuals who have utilized the allopathic health care system, but according to informants, such explanations have rarely been given to them or have been very brief. Thus people may turn to family and friends for assistance in understanding the body. Those who have health books may also refer to them. Through all these means, people then develop a sort of personal physiology model. This type of concept is broader than the "explanatory model" of Kleinman, Eisenberg and Good (1978), which is based on illness etiology. Whereas the "explanatory model" is used by people to understand episodes of illness, the personal physiology model can help people to select preventive health or therapeutic measures.

The use of spring tonics, as described in the previous chapter, is one example of the application of a person's understanding of body function to a perceived health-promoting behavior. People believe that during the winter, substances build up in the blood and need to be cleaned out. Some persons suggested that these substances are wastes or impurities which could cause sickness if not expelled from the system.

Sassafras tea is one means for accomplishing this expulsion.

The anatomy and physiology of the human body is referred to by most informants as one's "system." Weakness or strength of one's system is an important factor in the susceptibility to sickness. The systems of all persons are thought to be weaker in the spring of the year. Women are viewed by most study participants as having weaker systems than men. Women who are menstruating, who are postpartum, or who have had many children are considered weaker than other women. A weak system can influence not only how easily one succumbs to sickness but also how successfully one overcomes it. Some persons suggested that a system can be strengthened by proper care, such as a nutritious diet, or weakened by improper care, such as inadequate rest.

Among the most prevalent physiologic concerns of Colonial County blacks are the blood and its function in the body system. Blood was described as being pumped from the heart to all parts of the body via the veins. Arteries were rarely mentioned, and the idea of blood returning to the heart was never included in explanations of circulation. It appeared to me that many people may confuse the word "vein" with

"blood vessel." However, concepts about cardiovascular physiology were not a primary focus of my study, and further exploration of this topic is required for any valid conclusions to be made.

Many beliefs were expressed about the volume or amount of blood in the body and about its consistency. Food is considered to be important for building blood, for influencing the blood count, or for bringing "high blood" down. Most study participants relate "high" and "low" blood to the amount or volume of blood. Thus a person with "low blood" might benefit from eating rare liver, which will build blood. Some informants also felt that "blood count" referred to amount of blood. However, there is some confusion as to what is being counted in blood count. Some believe that it is iron and some think it is sugar. It is also felt that the amount of blood affects whether a person feels cold or not. It is widely believed that older people have less blood or thinner blood than younger people and, therefore, stay cold much of the time. Several people also stated that blood helps one's energy and that elderly persons have less energy due to having less blood.

Those persons who believe spring tonics are needed to clean or purify the blood also, of course,

believe that blood can become dirty. Dirt or impurities may build up over the winter possibly due to lack of air, exercise and sun or possibly through natural "wear and tear," in a manner similar to a car engine getting dirty. Blood may also become dirty as the result of a person's harmful behavior--smoking, drinking and taking drugs. The term "bad blood" may refer to blood which has become dirty through harmful behavior or through diseases, especially venereal diseases. One person pointed out that the body can often purify the blood itself and that the kidneys serve this purpose. A few persons mentioned that transfusions may be necessary to purify blood when other methods fail.

### Childbirth Beliefs

Folklorists and anthropologists have written about the variety and often also the similarity of beliefs surrounding the experience of childbirth in different cultural groups. Many of the childbirth beliefs of Colonial County blacks were identical to ones described in the literature, but a few were different or were not mentioned in writings which I read.

During the prenatal period of pregnancy a woman has many concerns to consider. The possibility of marking her baby through her reactions to situations

is a prevalent belief (Fife, 1976; Frankel, 1977; Kay, 1982, p. 11; Murphree, 1968). Craving foods is a common source of birthmarks, according to informants. Typically, if a pregnant woman craves something, a strawberry, for instance, and fails to satisfy this desire, the baby will have a birthmark resembling the food. Some persons said the mark will appear on the spot which a woman touches at the time of her craving for food, but others did not stipulate this limitation. Several informants explained that birthmarks will deepen in color during the season of a food: a strawberry mark will grow redder, a blackberry mark, blacker. Personal examples were given of birthmarks resembling liver, cold cuts, oysters, beets, almonds, fish, cherries, ice cream cones and berries.

Another way in which a baby may be marked as a result of its mother's experiences during pregnancy is through the reaction to a frightening situation. Once again, some informants specified the mark occurs as a result of the woman touching herself when frightened, while others believe that the experience itself will mark the unborn child. An example of the former type of marking is a birthmark in the shape of a frog. Examples of the latter type of marking included both physical and psychic effects. A woman whose mother

was scared, while carrying her, by a dog, is herself afraid of dogs. Moreover, this informant repeated the process with her own child when she was frightened by a dog during that pregnancy. A more dramatic instance of marking involved a pregnant woman who saw a man fall and become paralyzed. The birth produced an invalid son who could not walk.

Yet another way in which marking can occur is through a woman ridiculing or laughing at others. One story was told of a woman who laughed at a one-armed man during her pregnancy. The child from this birth holds her arm "exactly like that man."

In addition to the possibility of birthmarks, another consideration during pregnancy is diet. Pica, or an appetite for nonfood substances, is a phenomenon whose persistence and prevalence have been supported by the data found in several cultural groups studied by researchers (Frankel, 1977; Kay, 1982; Kiple & King, 1981; Snow, Johnson & Mayhew, 1978). Yet, some learned individuals dismiss the problem lightly as a "perversion" (Thomas, 1977) or as a "diminishing phenomenon . . . now probably most prevalent among poorly educated women who rely heavily on folk traditions" (Jackson, 1981). Kiple and King (1981), on the other hand, have investigated, in depth, historical



dietary data relating to Afro-Americans, and concluded that nutritional need is a more significant influence in the etiology of pica than are cultural or socio-economic factors (pp. 120-121).

Determining the cause of consumption of nonfoods is beyond the scope of this study, but I can verify that the practice is well known to study participants. Substances which were cited as examples were sand, dirt, baking powder, cornstarch, clay, plaster, baking soda, ashes and ice. Some persons reported that large amounts of these products were eaten, such as two to three boxes of starch per day. In the case of both soda and starch, it was reported that a baby whose mother ate these would be born covered with a white material resembling wet powder. The belief cited by Frankel (1977) that such a baby would stick to the mother and be difficult to deliver was not mentioned by Colonial County blacks. However, one did describe a similar belief which has been attributed not to blacks but to Latin American cultures: too much rest or sleep in pregnancy will cause the baby to stick to the uterus (Snow et al., 1978). One informant in my study said that during one of her pregnancies she developed pneumonia and was prescribed medication which made her very sleepy. Her father told her she

"better stop taking that medicine or the baby will stick to you."

Certain taboos are a part of the childbirth folklore among study participants. Several believe that a pregnant woman should not reach up above her head for fear the cord will thus be pulled up around the baby's neck. Two informants feel that this belief is a myth, since they carried out household duties requiring reaching and had no ill effects. A third woman who did the same, however, had a baby with the cord wrapped around its neck, and did not "reach up" in subsequent pregnancies. Another taboo addresses the purchase of clothing for the unborn baby. It is considered bad luck to do so, but one woman stated that she "trusted in the Lord" and bought baby clothes without problem. Another woman said she ignored taboos based on good or bad luck, expressing the common fatalistic belief, "whatever will be, will be." One taboo which integrates nicely with recommendations of allopathic medicine is to avoid smoking cigarettes and drinking alcoholic beverages. Several informants advised that these actions would lead to the birth of a retarded child.

There are several beliefs associated with the postpartum period of childbirth. As was mentioned

earlier, many informants think that a woman's "system is down" following the birth of a baby and she should be extra careful lest she become sick. Some persons stated that a woman should stay in bed for three days and at home for nine, and one person who ignored this advice hemorrhaged and had to be taken to the hospital. The numbers three and nine are frequently referred to in folklore (Hyatt, 1970). Older women, however, felt that the length of confinement should be for one month. As one pointed out:

They shouldn't do for a month. Nowadays they do, but they shouldn't or when six comes around they be half-sick again. See, they do, because they thinks they feels all right, but see, they haven't given their system a chance to build up. See, your system is down. That's the way I feel (Carrie Jones).

One point on which informants were generally agreed is that the postpartum woman is at greater risk for health problems than the newborn baby.

Several persons believe that women should not cook or prepare food while bleeding, whether following delivery or during menstruation. In contemporary America, of course, many women must cook at these times and know this is an accepted cultural norm. Nevertheless, several study participants said they do not "feel clean" at this time and in some families it is still taboo to cook when bleeding.

In addition to the childbirth beliefs associated with pregnant or postpartum women, there are also some ideas about the baby. While most of the beliefs expressed by study participants have been described in the literature on research of other cultures, one which I have not seen elsewhere is that a newborn baby is an angel. A baby who is seen to be smiling in its sleep is "playing with angels." A more widespread belief which is frequently addressed in the literature involves the child "born with a veil." Such a child is said to be gifted with an ability to see into the future. A similar belief is that a son who is born as the seventh son in a family will have special powers not present in the ordinary child. Many study participants discussed their experiences with dreams, visions and signs but most do not know if they were born with a veil. One does know, however, that he was born a seventh son. The phenomena of visions and similar powers will be described in the next chapter, as they are often associated with healing.

Childbirth beliefs described by study participants did not vary with demographic characteristics. Male and female, young and old, educated and uneducated informants were all knowledgeable about the beliefs which I have discussed. Interviews about

childbirth were not held with all study participants, but persons covering the range of sample characteristics were asked selected questions on this topic. The phenomenon of pica, for instance, was discussed with a variety of persons in an effort to address Jackson's (1981) contention that the phenomenon is correlated with a low level of education. Among participants in my study, Jackson's assertion was not supported.

#### Major Causes of Health Problems

Belief systems about the etiology of sickness are complex and cannot be entirely separated from belief systems about health promotion or about health restoration. What a person thinks may cause a sickness presumably influences both actions to prevent it and remedies to combat it. However, as there are many health problems one might potentially develop, and as there is often more than one possible cause for any given problem, the individual is faced with a perplexing set of interrelationships to ponder. To complicate matters further, one recent study has shown that in a sample of 76 adults, half described illness etiology with explanatory models "that, from a biomedical view, were either incomplete or wrong" (Demers, Altamore, Mustin, Kleinman & Leonardi, 1980,

p. 1086). The minimum education level of the 76 adults was high school graduation, and over half had a graduate school education. This finding suggests that added to the confusion of determining what causes a sickness is the possibility that the conceptual process of the individual may be based on inadequate information.

To assess the relative importance of some of these issues to Colonial County blacks, and to explore the role and function of beliefs about etiology of sickness in the overall health belief system, data were sought from two perspectives. Study participants were asked in a general way about the influence of particular variables, such as God or the environment, or health. Questions were also asked about the causes of several specific health problems. Beliefs about major causes of sickness will be described next.

#### The Role of God

As mentioned in the previous chapter, living a Christian life, refraining from sinful behavior and "putting God first in your life" are all helpful in prevention of sickness and promotion of health. According to a few informants, if people are disobedient to God and do not follow this advice, they might be punished with sickness. Such punishment by God would

be carried out in order to open their eyes to the error of their ways. Sickness might also be a test by God to determine the strength of a person's faith.

However, most informants in my study disagreed adamantly with the idea that God might cause sickness in people, even sinful ones. God is believed to be kind and good and "would never put sickness on anyone." The Devil, on the other hand, would most certainly cause ill health to a person if given the opportunity. A conversation with one informant may help to illustrate beliefs involved with this issue:

Would God ever cause sickness as punishment (Researcher)?

Sometime He will put you down on a bed of affliction and let you lay there. Sometime you'll go out and come in with a leg broke or with a bullet, someone done shot you. You're reaping just what you sow (Luther Banks).

It would be God that's doing that (Researcher)?

No, it's the Devil. God don't put nothing on you (Luther Banks).

If you were leading a bad life, doing wrong, would God ever turn you over to the Devil (Researcher)?

You're already in the Devil's hands. The Devil already got you--cause you do them Devil things (Luther Banks).

This was an interesting exchange. It appears that Mr. Banks was referring to the Devil in response to my question about God. Certainly he was very definite

about Satan being the one causing sickness and not God. Mr. Banks also was expressing the view of sinful behavior a little differently from some other informants by stating that the sinner is already in the hands of the Devil. Several other study participants suggested that the sinner would be turned over to Satan after sinning.

Sin was mentioned by several informants as causing sickness. Pentecostal and Jehovah's Witness adherents both believe that sickness came into the world as a result of the Original Sin of Adam and Eve, as described in the Bible. Sickness to an individual may be caused by disobedience to God which then enables Satan to take over the body and try to destroy it.

Closely allied with the belief, described earlier, that people who are close to God are protected from harm by malevolent forces, is the belief that people who practice hoodoo or rootwork are allied with the Devil. Such people would include both those who can "put a fix" on others, commonly called rootworkers or conjurers, and those who seek to have a "fix put on" someone else.

#### Hoodoo and Evil Spirits

As the foregoing discussion suggests, the belief



system associated with the roles of God, sin and the Devil in health and sickness is closely linked with the conceptual system surrounding hoodoo and evil spirits. Descriptions of hoodoo practices have abounded in the literature for many years (Blassingame, 1979; Chesnut, 1901; Genovese, 1974; Hurston, 1935; Hyatt, 1970; Puckett, 1926; Rocereto, 1973; Snow, 1971, 1977; Webb, 1971). The authors listed represent the disciplines of anthropology, folklore, history and nursing, indicating the widespread interest in this topic area.

Voodoo is a familiar term to the general public in the United States. According to Puckett (1926), "voodoo" is an adaptation of "vodu," a West African word for a **god** or spirit. Some African tribes practiced a form of serpent worship and had vodu cults based on this worship. Blacks who were taken into slavery from the area where such cults existed were brought to Haiti and later Louisiana, where French, Creole and Roman Catholic cultural influences all intermingled with the African folk religious beliefs. The major component of voodoo which has apparently spread north to the mid-Atlantic states is the establishment of practitioners with the knowledge and skill to cause or alleviate various forms of harm to people.

Although the terms voodoo, rootwork, conjury, witchcraft and hoodoo all seem to be used interchangeably by Colonial County blacks, the most common way to refer to such practices is "putting a fix on" or simply "fixing" people. It is difficult to determine the true extent of belief in hoodoo in the study county. Only four informants unequivocally denied any belief in the possibility of one person being able to fix another person. Most people responded in ways which suggested some ambivalence on the topic. A few examples will illustrate this point:

I don't believe in fixes and besides I don't meddle in other folks' business so nobody would have any reason to put anything on me (Sadie Roberts).

If you believe that stuff it'll drive you crazy. I don't think it is so. If they get something into you, though, they could hurt you (Lennie Carter).

I've heard that if you don't go near such people so they can't get anything that belongs to you, they can't do anything to you. It could be possible, could be done; then again, it might not (Mary Ballard).

It's a person's state of mind. If you believe what they say, it will happen. Sometimes I believe it and sometimes I don't (Elaine Hill).

Several important points are expressed in these responses. The role of the mind in influencing what happens to the body was discussed earlier and is seen again here. Being careful about contacts with others

was an admonition mentioned by several persons. It was also stressed in the comment "I'm careful who I eat after." The meaning of this sentence is that the speaker only eats food prepared by people who are trusted. The other point that merits interpretation is contained in the phrase "it could be so." Informants seemed to use this thought to cover situations the understanding of which may be beyond human knowledge. Therefore, prudence is the wise stance to take.

Some 14 informants readily admitted to a belief in conjury and several gave examples from personal experiences. Several other stories were contributed by informants who hedged on the extent of their belief, although usually they stipulated that they knew that the story which they told me was a true one, because they had all the facts involved in this particular case. The following stories describe three experiences with being fixed:

My niece, who is a teacher in Philadelphia, was screaming for a week and couldn't sleep. Her son put a Bible on her head to try to calm her, but it spun and this frightened him. A man came by, sent by the Lord, and saved her life by bathing her in salt and vinegar. She had been fixed by jealous people. She's much better now (Betty Morrow).

I was sick all the time. My stomach burned, I lost weight, my skin turned dark. I couldn't go in my house without feeling sick, but I felt better other places. I prayed, people at church prayed, and I wrote to several preachers for help.

I went to many doctors, had a lot of x-rays. A friend told me about a Spiritualist. I went to him several times and he gave me a special medicine to wear and told me I have to wear it the rest of my life. He said to put my trust in God and always put God first in my life. He helped me a lot and I've been all right ever since (Joan Miller).

Somebody was very jealous of my mother. She went to a big dinner and ate some oysters. It looked like they had a lot of pepper on them. Afterwards she had a lot of pains in her stomach. A woman told her if she didn't go to a rootdoctor she'd die. So she went to one and he told her somebody had sprinkled dried sea nettles in her food. He gave her some kind of medicine and she passed sea nettles for four days (Carrie Jones).

In the first two stories, the influence of religious beliefs is clear. The informant who told the second story was able to provide more details since she was the hoodoo victim. The third story illustrates a common hoodoo belief: a live creature can be killed, dried and pulverized and, when it is ingested by the victim, it will be reconstituted and "come alive" again. Examples of this belief in the stories shared with me included snakes, toads and frogs as well as sea nettles. Certain symptoms may more readily raise the possibility of being "fixed" than others--stomach pains, darkening skin, difficulty sleeping and sudden inability to walk. Any health problem which fails to respond to medical treatment also raises the question of having been "fixed." The underlying motivation to conjuring someone, according

to informants, was frequently jealousy. Sometimes it also might be revenge for a wrong or imagined wrong.

Belief in hoodoo is similar to belief in evil spirits as a possible cause of sickness. Both are often thought to be related to Satan's influence and power over people. Some informants suggested that being possessed with evil spirits is a form of being fixed or that being conjured is an indication that someone is possessed by evil spirits. The effect of possession on health seems to be more a matter of mental problems than physical ones. Although several Baptists and Jehovah's Witnesses stated a belief in evil spirits, Pentecostal study participants discussed this topic in more detail and cited Biblical passages which speak of the casting out of demons (Mark 1:21-26, 5:2-20; 9:14-30; Matthew 17:14).

A person possessed by demoniac spirits could go from one physician to another without benefit, as the problem is spiritual and not medical. A discussion of healing modes for persons who have been "fixed," or who are possessed will appear in the next chapter.

### Psychosocial Factors

The role of the mind in matters of health and sickness is considered an important one. In addition to the benefit of positive thinking, as discussed

earlier, there can be a detriment in negative thinking. Many study participants felt that if a person believes in hoodoo, for instance, that person can be "fixed." No doubt this conviction that accepting hoodoo as possible serves to make people vulnerable to it contributed to the reluctance by some informants to state a definite belief in hoodoo. Many people suggested a broad application of the influence of the mind by saying simply, "if you believe in anything, it can happen." One person commented also that people can convince themselves that they have a sickness, a sort of self-fulfilling prophecy.

Another way in which psychological factors affect health can be through worry. People mentioned various life situations which might "worry a person sick." Marital discord, financial problems, raising children and job stresses were among the examples given. One woman, who had successfully raised some 13 children, suggested that having a child "that ain't got all that belong to him" could worry a parent sick. Another person pointed out that distress over a health problem of a family member could affect the health of others in the family.

"Excitement" and "tension" were also described as potential sources of poor health. Even more common

than these terms was the use of the word "stress" as being a major cause of sickness. The widespread reference to "stress" by study participants suggests that they are consumers of material presented by the media such as newspaper, magazines, radio and television. And indeed, one person specified that she had read about stress recently in the local newspaper.

### The Role of Fate

In addition to the possibility that sickness may result from sin, Satan, God, psychosocial factors, or evil forces, it is also possible to become sick through fate. The influence of fate was described as: "whatever will be, will be" or "everyone has to have some sickness" or "it's all in the hands of the Lord." The most extreme example of a fatalistic belief was cited by one person who explained that everyone has a certain number of sick and well days allotted when born. Most informants, however, felt that while fate influences human lives, people also have power to influence their own lives and therefore their health. I never was able to explicate the full meaning of the interaction between free will and fate.

### The Environment

Major causes of sickness discussed thus far have

been related primarily to mental, emotional and spiritual influences. Study participants also alluded to various physical elements which can affect peoples' health, such as weather, chemicals, impurities, air quality and the like.

The most prominent feature of the environment which contributes to health problems is weather. Cold weather, drafts and dampness are all believed to cause sicknesses, especially arthritis or respiratory ailments. Hot weather may lead to problems such as fatigue or "too much sun." While proper clothing may help to prevent some of the ill effects of environmental conditions, changes of weather or unseasonable weather can make prevention more difficult, and are thought to be particularly dangerous.

The effect of various chemicals on the body was of concern to many study participants. Processed foods in the stores are thought to be far less healthful than fresh produce, meat and poultry raised by oneself. However, contemporary practices of crop spraying and fertilizing have added chemicals to many persons' gardens and also altered the food eaten by livestock. One informant linked dyes and preservatives added to foods with the possibility of cancer. A few persons also pointed out that medications



prescribed for one sickness may "bring on other sicknesses" and felt that chemicals were at the root of this effect.

Colonial County residents get their water supplies from either shallow or deep wells and have septic systems for drainage. Study participants are well aware of the potential danger of impurities contaminating drinking water. Several mentioned the problems long ago with typhoid fever spread by contaminated water. Most people think that current regulations regarding water and sewage have eliminated any health hazard from water in Colonial County.

Some informants mentioned that weeds, pollen, bees and wasps can cause allergic reactions in the form of a rash, asthma or, in the extreme, a major systemic response. Poisoning by snakes or spiders is of concern to some, although most such creatures in the local area are not poisonous.

#### The Role of Individual Behavior

Many study participants emphasized that while God, Satan, enemies or the environment may all cause people to be sick, individuals must nevertheless assume some responsibility for their health. A person's behavior is often the precipitating factor which leads to sickness resulting from other forces, as in the

case of sinful activities and retribution or undue exposure to environmental hazards letting cold into the body. It was mentioned that people may also bring on a sickness by failing to follow practices known to be important to their health, such as appropriate dietary restrictions. Thus a person who eats salt, when he has been advised not to do so, may have made himself sick. Some informants felt that this person's actions would also be an example of disobedience to God. It is widely believed by study participants, including most of those who perceive fate to be an influence in their lives, that people are responsible for taking care of their bodies. As one informant explained: "People bring stuff on their own selves. God will help you, but you got to help yourself." Choice of diet was the single most important factor which informants stated might cause people to be sick. Avoidance of fat, salt and sugar was recommended as a preventive health measure since these foods were identified as culprits in various health problems. Several informants also suggested that highly seasoned foods should be avoided. Inadequate nutrition for the elderly, as a result of eating light meals lacking needed constituents, was mentioned by one person. The interrelationship between specific health problems

and specific foods will be discussed in the next section of this chapter.

One other facet of people's responsibility for the proper care of their bodies is the need to exercise care in current actions which can lead to future health problems. For example, several informants said that getting wet and cold in summer, as from swimming, "will catch up with you in winter." It is also thought that behavior when young may be the cause of health problems in old age. As one person commented: "I cut and toted wood on my back and busted blocks of wood for the stove when I was young. You can pull bones and all when you're young and it doesn't commence to bother you until you're old." The admonitions given to women about proper care of themselves when their systems are "down" following delivery of a baby are also linked to the future. One woman who went outdoors in the wind and rain shortly after her baby was born commented, "I'm all right now; I might feel it when I'm older, but right now I'm O.K."

Major causes of sicknesses which have been discussed offer a wide variety of choices for individuals to consider as possible explanations for health problems. Consideration of several specific ailments may help in determining how the general belief system is

applied to a particular health condition.

### Body Concepts in Specific Health Problems

Exploration of the emic etiologic framework for certain identified sicknesses or health conditions was prompted by analysis of the fieldnotes from my pilot study in Colonial County and by consideration of some of the conclusions presented in the literature by other researchers studying Afro-American health beliefs. Hill and Mathews (1981), as well as Snow (1971), found that blacks viewed causality of illness in general rather than in specific terms. Symptoms relating to biomedically defined illness categories were found to be largely irrelevant, since the cause of an illness was seen as more important than how it was manifested and was the determinant in choice of healing method. In reviewing my pilot study data, however, I noted that Colonial County blacks had repeatedly mentioned several specific health conditions and symptoms. Therefore, I decided to explore the meaning of several commonly identified problems with informants and to elicit their explanations of how these problems developed.

### Colds and Lung Problems

Descriptions of the common cold included many

details about causation as well as several beliefs relating to the role of a cold in causing other health problems. The major factors responsible for colds, according to study participants, are: exposure to weather, chills/drafts, dampness, low resistance/weak system and germs. Most people included the first three items in their description of cause, while only four or five persons included the last two. The interaction of these factors and the way in which they produce a cold are indicated in the following example:

Cold gets into your body like when you haven't taken proper care of yourself--like in summer when you get wet swimming or get overheated. Then you sweat and your pores are open so the cold, dampness, air and germs can get in more easily and harbor there. Then in the winter it becomes a cold. In winter, it's the same problem. Maybe you're inside and get overheated and then go out in the cold air with your pores open and without wearing enough clothes (Martha White).

The idea of cold air entering the body through pores to cause a cold is a common theme to informants. However, a few believe that pores are not a factor, that the air or germs come in through the skin or through the mouth. There was also a difference of opinion as to the path of the air or germs after it is inside the body. Some persons believe it travels in the bloodstream and others disagree but are vague on any alternative route.

Many study participants believe that a cold, if not arrested by proper treatment, will cause various lung conditions. One example will help to illustrate the conceptualization involved in this belief:

Cold can be passed from one to another like kissing. All colds is a germ. The germ grow and can grow to a chronic cold which can develop into the pneumonia or the consumption and once get into that there's no cure. The cold get into the lungs, into the tubes and things and builds there (Jimmy Howe).

Not only pneumonia and tuberculosis were attributed to extension of colds, but according to a few persons, asthma as well. Whether informants included germs in their conceptualization or not, the description of cold settling or lodging in the lungs was a shared idea. Typically, people also believe that a cold is communicable even though they do not think of it as relating to germs.

The belief systems associated with the etiology of colds exemplifies the conceptual approach which seemed to me to be utilized again and again by informants. Through this approach an emic etiology of a health problem is formulated by integrating health concepts drawn from the media, one's family, one's own understanding, medical pamphlets and home medical books (see, for example, Copeland, 1935; Turner & McHose, 1941). The end result is a combination of folk

and biomedical belief systems.

### Arthritis and Other Aches

Arthritis is a health problem from which many Colonial County blacks suffer, according to study participants. Whether it has been self-diagnosed or physician-diagnosed, many people state that they have arthritis somewhere in their bodies. It is well to remember in this regard that the country doctor no less than the rural layman may label a set of symptoms without resorting to all the diagnostic aids which urban medical centers may employ.

The process described for the development of arthritis is similar to the one commonly used to explain what causes colds. Most study participants believe that cold air and dampness enter the body, usually through the feet or hands, and settle in the bones. Therefore, an occupation such as oyster shucking, which requires one to stand on cold wet cement and handle cold wet materials, is widely viewed as a predisposing factor in the etiology of arthritis. Several informants mentioned that physicians had advised them to stop working in oyster houses, one doctor allegedly calling such work "a slow death for anyone." Once arthritis has gotten into the bones, it is considered an incurable condition.

One informant has had chronic backache which, she has learned, is not due to arthritis. She explains the source of her problem as follows:

Doc--told me your back comes apart with each baby--he told me, "You don't never wait 'til your back go back together before you have another one." So I feel like having so many children [14] so close together made my back like it is. It might knit back, but I was told not to open it up no further by lifting things and all (Pansy George).

Again, elements of medical and folk concepts of causation have been combined.

#### Problems in the Blood

All study participants are familiar with the conditions referred to as "high blood" and "low blood" and most have family members with one or both of these health problems. Some persons indicated that they do not use the term "high blood" but instead call this condition "high blood pressure" or "hypertension." However, regardless of the terminology used, people who offered explanations of the condition stipulated that they were not very confident of their knowledge in this area.

The majority of informants stated that high blood refers to pressure. Many felt that the pressure was due to "too much blood" or "more blood than your body needs." Some felt that the excess blood was in the



veins. Some believe the problem involves blood "rushing to your head." A few thought the term "high blood" means "your count is up;" one thought it means "your electrolytes are up," and one stated that it sometimes refers to elevated blood sugar. One informant explained: "I think high blood pressure means a certain amount of blood collecting someplace and it isn't flowing normally--I might be wrong. I should have read on it." This last response underscores the dilemma experienced at times by study participants: wanting to be helpful and to be honest, yet not wanting to appear ignorant or uninformed.

There was considerably more agreement among informants as to the causes of high blood or high blood pressure. Most believe that salt and meats "run blood up" or raise pressure. Many also believe that tension, stress, worry and excitement are factors. Several persons specified that pork and red meats increase blood (pressure) more than other meats. A few informants also mentioned sweets, spicy foods, or fried foods as playing a role, and cholesterol was included by one person.

There was some disagreement as to whether a person knows when his or her blood (pressure) is elevated. Most respondents who stated that they have

the health condition, believe that they know that it is a problem when they have a "heavy head" or headache. The significance of this belief is that many persons will gauge the use of certain remedies by the symptoms experienced.

The conceptualization of "low blood" is similar to that for "high blood" in that many informants believe that the amount of blood is low. However, although some think that the pressure is low, more feel that it is the "count" that is low and the person's blood needs to be "built up." Several people explained that "chemicals," especially iron, are needed by the body. A few persons indicated that low blood "has something to do with hemoglobin and/or red blood cells." A few persons stated that low blood is the same thing as anemia, but several said that while the two are similar, anemia is far worse. As one woman explained: "anemia means your blood is so low there's hardly any blood at all." The primary symptoms associated with low blood are weakness and dizziness.

If people believe that amount of blood is elevated in high blood and decreased in low blood, then one might postulate that many persons would conceptualize the two conditions as opposites and therefore mutually exclusive. Of 22 study participants asked

about this possibility, 19 stated that the two health problems are opposites, and 3 said that they are not. While most of the 19 indicated that they did not believe that a person could have both of these conditions concurrently, one disagreed, saying: "High and low blood are opposites, but you could have high blood pressure and low blood." Since this respondent was unable to explain her logic further, I can offer no additional interpretation of this belief.

Regardless of the meaning the two health problems just described have for study participants, most view them both as serious problems, and several pointed out that "one's as bad as the other." Many persons view high blood (pressure) as meriting concern because it can result in "strokes." A few informants explained how this process evolves:

The blood pressure is up high and rushes to the brain and you get a hemorrhage somewhere from an aneurysm or bleeding into the brain (Martha White).

Hypertension causes a weak area in a blood vessel in the brain to erupt and cause paralysis of the brain (John Coleman).

Peoples' blood run up and sometimes give a stroke on the brain and everything. Too much of blood done rushed up to the head and brain and bust up on the blood vessel (Pansy George).

These three examples were selected to illustrate not only the belief about stroke etiology but also the

point that, although some persons use more sophisticated language and terminology, the actual conceptualization can be very similar.

Another problem in the blood was mentioned by several study participants: blood clots, more commonly labeled "clogs." In this condition, blood clogs up or thickens and will not pass through the veins. Poor circulation is thought to be a factor, but people expressed considerable puzzlement over the process and outcome. A few stated that some friend with "clogs" had required surgery to cure the problem.

Of health problems associated with the blood, the last one to be discussed is diabetes mellitus, commonly called "sugar" or "sugar diabetes" by informants. The cause of this malady, according to most persons, is diet, eating too many starchy foods or too much sugar. However, several people also stated that the condition can be hereditary. One person believes that "whatever carries insulin in the body may stop working when you get old and cause the sugar to run up in the blood."

Health problems related to the blood are familiar ones to study participants and, therefore, they have many explanations relating to the etiology of these problems. Just as with arthritis and the common cold,

there is a tendency for people to combine elements from various sources, both medical and popular, in order to develop an understanding of health conditions with which they are concerned.

### Summary

In this chapter the folk belief system associated with causality of sickness, according to study participants, has been described and discussed. Allopathic medicine was seen to be but one of a number of resources upon which people draw when seeking to understand how sickness develops. Resources which are more widely used and more readily available than health professionals are family, friends, home medical books, the media and one's own experiences. The major causes of ill health which were identified by informants included spiritual, physical and psychosocial influences, suggesting once again the unity of mind, body and soul in matters of health.

Preventive health measures, as we have seen in the previous chapter, involve elements of both a general and a specific nature. For example, people might attempt to "lead a good Christian life" as well as to follow a specific dietary recommendation, such as reducing salt intake. In the present chapter we have seen that in a similar manner, respondents may

identify both general and specific causative factors in sickness. Thus, "high blood" might be the result of punishment by Satan, stress and worry, or ingestion of too much salt. Possibly the health problem might have multiple causes. What, then, is the approach which study participants would follow in treating a sickness? Exploration of this question in the following chapter should help to more clearly determine the applicability to the study sample of the assertion that symptoms of illness are largely irrelevant to many blacks, as the cause is the major determinant in choice of treatment (Snow, 1971; Hill & Mathews, 1981).

## CHAPTER VI

### REGAINING HEALTH

When people become sick, a variety of options are open to them for assistance in regaining their health. In this chapter, study participants' beliefs and practices related to healing will be described and discussed. First, the religious belief system as it impinges on restoration of health will be addressed. Next, lay healers and their techniques will be described, followed by exploration of self-care practices such as the use of home remedies. Finally, allopathic medicine and its role in the alleviation of sickness will be delineated.

The approach which will be used here is to treat so-called "folk" and "scientific" modes of therapy as part of one ethnomedical system, avoiding, insofar as possible, subjective assessment of the relative value or efficacy of any one healing method. As Dingwall (1976) has suggested, "folk" and "scientific" theories relating to sickness are just two different ways of ordering phenomena. The purpose of the present

chapter will be to explore the belief system which study participants described in relation to the regaining of health.

### Role of Religion

As mentioned in an earlier chapter, most informants believe that God deserves credit for all blessings enjoyed by humans. Health is no exception. Thus, it is believed that God is ultimately responsible for all healing. While selected persons, such as faith healers or physicians, may be instruments of God's healing, the "glory must go to God." Not all preachers, "gifted persons" nor physicians can heal. According to many respondents, only those persons who live "close to God" will be successful. Faith, fate and prayer may all influence the process, as well. Discussion of several key spiritual beliefs which are intertwined with the health belief system may help to clarify conceptualization of healing.

### Faith and Its Curative Power

There is some difference between believing in faith healing and believing in faith healers, since the latter term may be associated with individuals who publicize an ability to heal others. Some informants expressed skepticism about faith healers who are



prominent in the news media, and thought that these persons might be "fakes." Some informants also explained that intermediaries between a sick person and God are not really essential for faith healing to be effective, because anyone can seek God's help. However, regardless of qualifications about the method, a preponderance of respondents stated a belief that faith healing is possible, with most specifying that the significant factor is strength of faith. The following examples illustrate this viewpoint:

I have seen God work miracles. If you believe, God will heal you. If you don't, God will not heal you. God can cast out all fears, all doubts, if you believe. If you gonna pray and ask God for to do something for you, and you ain't gonna believe He gonna do it, Honey, He am not gonna do it (Bernice Harris).

In the second example, the reference is to a faith healer, rather than to God.

It's just faith. If you got the faith into him, believe that he can do it, he'll heal you. But if you ain't got no faith into him, he can't do nothing for you, can't help you a bit unto the world (Luther Banks).

Mr. Banks further explained that the faith healer is able to heal through revelation from God and serves as His instrument.

Although individuals can pray to God on their own for healing, most informants feel that selected people have been given a special power or gift to

heal. Faith healers and other "gifted" persons are thus believed to be particularly close to God.

Faith is, of course, considered to be an important factor for healing of all types. As mentioned in the two preceding chapters, people's belief in something is thought by informants to influence its outcome. It was suggested that positive thinking can help to prevent sickness and negative thinking can be a factor in the development of a health problem. Similarly, faith in the efficacy of a healer or a healing practice is thought to be important to therapeutic success. Several persons suggested that about half of the effectiveness of any healing method is related to the faith of the person being treated. Whether physicians, faith healers, root doctors, pharmaceutical products or home remedies are the therapeutic agents involved in the curing process is of less importance to a beneficial outcome than is the strength of the person's faith in that agent and in God.

#### Use of Prayer and the Bible

Prayer is considered to be a major remedy which people can utilize when they are sick. Additionally, prayer is important not only for oneself but also for the sake of others who are having health problems. All study participants who serve in health care roles

in any part of the ethnomedical system mentioned that they frequently pray for sick persons. In situations where disapproval of saying prayers aloud for or "over" people is anticipated, prayer may be silent. Health facility staff members, for instance, know that they might be criticized by their supervisors for performing activities of a religious nature while on the job, and they also are not always certain that the patient will be receptive.

Informants who believe in Pentecostal teachings refer to praying "the prayer of faith." This prayer is one engaged in specifically for the sick. One church "sister" or "brother" may pray for another, or people may attend a church service in which there is a "prayer line." This phenomenon was described earlier. Some people feel that if the whole congregation prays together with them for a need, there will be a "unity of the Spirit of God" which will help in having the prayer answered.

The Bible is another important resource in time of sickness. It was noted that many informants keep a Bible in a prominent place in their living rooms. This book may be used for guidance in health matters, for solace in time of sickness or low spirits, and as a source of prayers for healing, as well as for

documentation of spiritual beliefs. In the realm of documentation, the Bible was cited by informants with specific book and verse numbers for beliefs about God's promise of health, the diagnosis of leprosy, the "laying on of hands," the prohibition of smoking, diet recommendations, possession with evil spirits, the use of herbs for healing and the need to "call for the elders of the Church" when sick.

Certain verses of psalms in the Bible are particularly recommended for healing purposes. Psalm 91 was mentioned again and again and is used both by persons seeking healing for themselves and by those who are trying to help others. Psalm 23 was also suggested by a few informants.

### The Role of Fate

In addition to the influence which the individual exerts on healing through use of the spiritual resources of faith, prayer and the Bible, fate may also be a factor. Fatalistic beliefs were expressed as: "you will be healed when the time comes," or "what's going to happen will happen; the Lord does all that," or "God ain't going to let you die, 'til your time comes." As with the role of fate in causing sickness, most informants do not view "God's plan" for their lives as replacing or eliminating their

responsibility to take care of their own health to the best of their ability. Moreover, since only God knows the details of His plan, it would be imprudent not to use therapeutic measures for sickness. Your efforts would be in vain only if "your number is up" and "your time has come," and no one but God knows when that moment will be.

### Visions, Signs and Dreams

Omens, visions and the gift of prophecy are specified in the doctrine of some religions, but such is not the case with any of Colonial County black religious groups. While not part of religious dogma, belief in signs, dreams or prophetic experiences is widespread among study participants, and their examples of these phenomena include many references to spiritual elements.

Respondents differentiate between dreams and visions by whether a person is asleep (dreams) or awake (visions) during the event. Both experiences are typically referred to as "seeing things." The content of dreams or visions may be prophetic in nature and at times be very specific in detail. At other times a person may "see things" and not know the meaning. Some informants who "see things" also reported "hearing things." While some examples

described by people were related to health, many were not. However, all informants who are gifted in healing are among those persons who stated that they "see" or "hear things." Following are two experiences of study participants:

I dreamed last night that there was a car accident and a woman and two children were in it. They were all taken to MCV Hospital. I dreams a lot of numbers and this dream had a number "17" in it. When I got up this morning I heard on the news a woman with two children was in a car accident and they took them to MCV Hospital (Joan Miller).

The date on which Mrs. Miller described this dream was the 17th of the month.

I was being drawn to the Lord but I still wasn't saved. I had been fasting and praying. About two weeks after I had been fasting, two sisters came to my house. They didn't know me but they were annointed and had seen a vision. They looked all up and down the roads for a woman like the one in their vision. They were directed to my house by the description (Anne Perkins).

Mrs. Miller frequently has dreams and visions and has been told by acquaintances that she must have been selected by God for some special purpose and that maybe she has a healing gift. Mrs. Perkins' experience was significant to her as it led to her conversion. The term "annointed" which she used means that the church "sisters" were acting under God's direction.

Signs or omens were reported with much less frequency than visions and dreams. Examples of signs

included: hearing knocks on a door, hearing one's name called, hearing a dog howling, and seeing a door opening and shutting by itself. The meaning attributed to these signs was that they signified either sickness or death of someone close to the person experiencing the sign. Dreams or visions may also be viewed as signs of some future event.

In this section several religious beliefs which influence beliefs about healing have been discussed. The remainder of the chapter will be devoted to exploration of informants' descriptions of healing practices and the beliefs associated with them.

### Ethnomedicine: Lay Healers

#### Faith Healers

The term faith healer in the context of the present discussion will refer to people who are labeled "faith healers" by informants as well as to people who are said to be "gifted" in healing. While most faith healing experiences which were described to me specified a preacher as the healing agent, there were some examples which involved "gifted" people who were not pastors and a few which involved self-healing. From the many anecdotes which study participants told me about faith healing, the following three may serve to

illustrate its key features:

My daughter brung my little granddaughter to me one day and said, "her throat is gone together and she can't swallow." We started to take her down to the doctor, but we saw Brother H. in a neighbor's yard visiting, so we stopped and asked his help. He put his hands on her and said, "I ask my God to open up your throat so you can swallow and so you can talk." And I'm telling you the truth, pins and needles were sticking all through me watching that man. When he got through laying hands on her, he say, "Now, can you swallow?" She swallowed and said, "Yeah, I can."

We carried her on down to the doctor because they thought her throat might go back together that night. The doctor looked in her throat and said he couldn't see a thing but enlarged tonsils and nothing wrong with them. So we carried her on back home. I tell you God healed that child's throat. You gotta believe and you gotta pray too (Pansy George).

I was outside walking across the field and I slipped and fell--and my hand hit a board with a rusty nail. Blood came gushing out everywhere. I took my hand with my other hand and prayed the prayer of faith and it stopped instantly. The Bible says man can do what he think he can do (Anne Perkins).

When I was a young boy, I had a friend. He used to make fun of me for being sickly all the time. Then one day he became ill, very ill. I decided to try to help, so I asked for a Bible and read the 91st Psalm. Then I went back home before sundown. About 1:00 a.m. I had a vision--I saw my friend coming down the road. I called to my parents to tell them he was coming and I got dressed and went downstairs. Soon I heard my friends's voice calling my name. He was standing outside in the mud in his sock feet. He went on to live for years (Don Andrews).

The three situations described above exemplify several of the points discussed earlier about faith



healing. A prayer is always a part of the healing and the importance of touch is emphasized. Although the laying on of hands was not recorded in my fieldnotes about the third story, Mr. Andrews has been involved in many other healing experiences and has told me that touching the person, or some object belonging to the person, is an essential part of his technique. Although most descriptions of faith healing shared with me concerned instant cures, as in the anecdotes above, immediacy is not considered by informants to be a necessary feature of the phenomenon.

The crucial aspects of faith healing, according to informants, are: faith in God's power, prayer, and the "laying on of hands." It is also essential to recognize that God is the healer and He should receive the praise and glory for any resulting benefits. Moreover, financial charges would be totally out of place in a divine healing situation. When I asked if all sicknesses or diseases could be cured, several study participants explained that while God can cure anything, it may not always be His will to do so.

When a minister is the instrument of God's healing, the process is called "faith healing." This label also seems to be used for adherents to Pentecostal religious beliefs, when they are engaged in

curing procedures. However, Baptists with healing skills, if not pastors, were more apt to be called "gifted persons" by informants. Two study participants identified themselves as having a gift of healing. Their description of their work with sick people and the details of their healing experiences appeared to me to be identical with the descriptions of faith healing which I heard. Therefore, the latter term has been used to include "gifted people."

#### Healers for the "Fixed" or "Possessed"

The overlap between different healers and therapies becomes even more apparent when one considers the treatment options of persons who have been "fixed" or who are "possessed with evil spirits." As discussed in the previous chapter, some people believe that a person who has been conjured is, in fact, "possessed" by satanic spirits. Other informants believe that being "fixed" is the work of evil people who are knowledgeable about the technique of hoodoo.

In most cases of "fixing," according to study participants, the healer of choice would be a person with the reputation of success in handling similar cases. This healer would need to have power equal to, or preferably greater than, the power of the

individual who "put the fix on." Although a few people suggested that a Pentecostal preacher could help a victim of hoodoo, most persons mentioned a rootdoctor or spiritualist as the therapist to seek.

The term root doctor was used to refer both to persons who "put fixes on" and those who "take fixes off." The terms "hoodoo doctor," "conjurer" and "sorcerer" were all used by study participants in the same manner. "Spiritualists," "palm readers" and "fortune tellers," on the other hand, seem to be primarily persons who can "remove fixes," in addition to having a gift in "reading people."

The techniques of the root doctor or spiritualist, as described by informants, include both diagnosis and treatment. Diagnosis has, of course, often essentially been determined by the client before seeking services of the healer. No special diagnostic procedures were mentioned by informants, and they do not seem to question how the healer makes a diagnosis and determines, as is usually done, the identity of the person who had the fix put on. In most instances described to me, the study participant was not the victim and, therefore, lacked details of the healer's interaction with the client. Similarly, people were not knowledgeable about the nature of medicines used for

treatment of hoodoo victims. Joan Miller, however, did tell me that spiritualists have many herbs, roots, powders and the like and that these are obtained from "all over, even down in Mexico." In addition, informants stated that these therapists are often people "close to God" and recommend that clients "put God first" in their lives.

Features which are characteristic of spiritualists or rootdoctors are that they charge money for their services and they are very secretive about the details of their practices. In addition, they are thought to have studied to obtain their skill.

Like people who have been "fixed," those who are "possessed" by evil spirits are believed to need therapy from someone with special skill. In neither case would a physician be able to heal the victim. For "possession," the healer of choice would be a pastor. People who are possessed, as described by informants, seem to have symptoms which physicians might diagnose as "mental illness," and as one person explained:

If a person doesn't realize the psychological problems of spirit possession, he doesn't seek the appropriate help. Many people in mental hospitals could be delivered and set free if they could only believe that they could be set free. Possession makes a person chained or bound up (John Coleman).

The classic method for treating someone who is

possessed with demons is to perform religious ceremonies which will cast the evil spirits out of the person. One church service involving the casting out of demons was described to me in detail by an attendant and is too lengthy to include here in its entirety. Apparently, it was not known in advance that someone who was possessed would be attending church on that day. When the person went through the prayer line and reached the minister, he laid his hands on her in the usual fashion, and the demoniac spirit spoke back to him loud enough for all present to hear. The pastor commanded the spirit out, and many prayers and scriptures were spoken. Finally, the woman stopped screaming and slumped to the floor. However, the demon had passed from her into another person. The congregation and pastor stayed in church for many hours trying to wrest out the evil spirits from the second victim, but to no avail. The informant who delineated this experience explained to me that the second victim did not truly wish to be free of the satanic being. Further data on the effectiveness of exorcism in helping mental hospital patients, as suggested by Mr. Coleman, would be interesting to gather and assess.

In the foregoing section, several different types

of lay healers were described and discussed. Divine healing through ministers, gifted people or even one-self was emphasized as a key belief in the health belief system of Colonial County blacks. The importance of faith and prayer, mentioned earlier, was again shown to be a prominent feature in lay curing techniques.

### Ethnomedicine: Self-care Therapies

People do not always seek therapeutic assistance outside their homes. All participants in the study have at times utilized home remedies, and many have consulted with other persons or books for health advice.

### Home Remedies

The topic of home remedies encompasses an extensive number and variety of measures utilized by people when treating themselves for health problems. Historically, the use of such remedies has been reported for many different cultural groups, with some gaining renown for their knowledge of cures (Aikman, 1977; Clark, 1970, pp. 163-83; Moore, Van Arsdale, Glittenberg & Aldrich, 1980, pp. 237-241; Spindler, 1979; Vogel, 1970). In contemporary times there has been a resurgence of interest in medicines which can be

prepared and administered by people in their homes, as reflected in the proliferation of books addressing this subject.

Colonial County blacks, according to informants, have used many home remedies over the years. However, the holistic health movement popular in some areas of the U.S. has apparently not yet reached many residents, and most are unaware of books, stores and products related to this movement.

Still, informants indicated familiarity with a wide range of remedies, although some were hesitant to admit current usage. Several people stated that physicians had criticized them for self-medication, and a few persons expressed concern that I might consider them old-fashioned and not up to date. On the other hand, many informants were very proud of their knowledge and success in therapeutic matters and openly shared details of use.

Home remedies can be classified in several ways. The ensuing discussion will center on the following categories: herbal, household, patent and miscellaneous.

Herbal remedies seem to be declining in popularity, according to study participants. Most informants under 50 years of age are not able to identify roots,

weeds and plants which grow in Colonial County, and some elderly residents are no longer mobile enough to go out in the fields and swamps to gather herbs. A few people pointed out that pesticides and other chemicals have damaged or changed plants. In addition, some areas have been cleared and the herbs destroyed. Commercial sources of medicinal roots or plants are not available locally.

One exception to the foregoing statement is sassafras, which many people can identify, although often only older family members are the ones to actually gather the root. A few informants still have access to mullein, jimson or poke weeds. These herbs have been mentioned in the literature dating back to the nineteenth century. Both Indians and Afro-Americans have used mullein poultices for swelling or sprains, poke for arthritis, and jimson (smoked in a pipe) for asthma (Puckett, 1926; Rawick, 1941/1972a; Thomson, 1835; Vogel, 1970). One informant grows her own comfrey and another, her own aloe vera. The latter is a newer herb, widely touted in magazines, and was introduced to the informant in a conference on beauty products.

Household products, unlike herbals, enjoy a wide popularity with informants and are perhaps even



gaining in use due to the current economic situation which has left many with increased expenses and reduced income. Household products include any substance commonly available in one's home, such as vinegar, onions and condiments. Remedies are used for common ailments, such as colds and toothaches, for home emergencies such as cuts and burns, and for chronic illness problems such as "high blood" and "low blood." Treatment modalities include ingestion of substances such as teas, food preparations and syrups; and topical applications such as salves, liniments and poultices. In addition, heat or cold may be used therapeutically.

The use of home remedies for common ailments can be illustrated by considering some of the therapies which informants described for the common cold and for toothaches. Typically, a cold may be treated by ingesting syrups, laxatives and teas. The syrups are prepared using various combinations of onions, lemon, honey or sugar. In addition, a salve is usually applied to the chest and covered with flannel. The recommended procedure is to take a dose of lemon and onion syrup, rub with mutton tallow or Vicks Vaporub, cover up and go to bed to "sweat out the cold." The laxative is thought to help "work the cold off the

body." Many people may also take Aspirin or Tylenol in conjunction with the other therapy. Lemon, honey and onion remedies for colds have been described in studies of blacks and of Indians (Puckett, 1926; Vogel, 1970; Webber, 1978). Laxatives and lemon syrups were recommended in old home medical books (Copeland, 1935; Turner & McHose, 1941). Mutton tallow was described in only one source which I found, however, and that article discussed remedies used by blacks in Louisiana (Brandon, 1976).

Cures tried for toothaches showed considerably more intracultural variation than those suggested for colds. While some people mentioned a patent drug, "Toothache Drops," for the malady, many informants reported trying household products such as ammonia, perfume, shoe polish, tobacco, lemon extract or lye. A few informants recommended hot applications: a warm salt bag or a red pepper seed. Two more remedies, which are no doubt peculiar to a rural locale, are "scabs from the side of a horse's knee or ankle, rolled up in a pill" and "marrow from the jawbone of a hog." One informant stated that she has taken Aspirin or "a nerve pill" and placed it directly on the aching spot. Several people felt that the only cure worth considering was extraction of the offending

tooth.

Home emergencies almost always require some sort of household remedy due to the immediacy of the situation. In rural areas, where any other sources of assistance may be at some distance and where transportation and phone availability may be a problem, people must often rely on their own skill in treating emergencies such as burns and cuts. The most common initial remedy recommended by informants for burns was butter, Vaseline or other grease. Cold water was also a popular suggestion. Some people specified that for minor or small burns, baking soda was helpful. Over 20 other remedies were mentioned including syrup, bluing, cobweb, fatback, hot foot oil, flour, raw potato, aloe vera, sulfur, egg white and toothpaste. A few persons pointed out that linseed oil would prevent scarring.

Like burns, cuts require immediate attention in most instances. Many study participants suggested washing the area with cold water first. Soot or ashes from the stovepipe of a wood-burning cookstove used to be a very popular remedy, and some people continue to use it when possible. Many persons explained that soot will stop any bleeding. Some informants felt that the cut should be cleaned with peroxide or

alcohol. Several suggested that salty fatmeat bound to the cut would prevent infection. Several also suggested coal oil or turpentine to "take the soreness out." Tobacco juice, flour, cobwebs and salt are other household products recommended by a few persons. Soot has been reported as a remedy for bleeding at least since slavery times (Savitt, 1978; Vogel, 1970).

Chronic health conditions are treated with home remedies just as are common ailments and home emergencies. "High and low blood," both of which are prevalent among informants and/or their family members, are believed to be helped by therapeutic measures taken by the person having such a diagnosis. Remedies may be used more or less continually as part of the total therapeutic program for the health problem, or only when symptoms experienced by the person are thought to indicate that his or her blood "has run up" or "is down."

Many of the practices suggested as beneficial are related to the belief system about the etiology of these two conditions. Thus a person with "high blood" may reduce intake of salt, pork, rare meats and fried foods. A few specified that they try not to eat salt fish or cured pork. Only one or two mentioned reduction of frozen foods due to sodium content or meat

skin due to fat content. In addition to avoidance of certain foods, informants recommended several substances to help "bring blood down." Vinegar, lemon, garlic and Epsom salts are particularly popular. Some persons also recommend pickles, green vegetables, rice and raw white potatoes. The potatoes are sliced into a quart of water and kept refrigerated. One then drinks a dose, either as needed, or a little each day.

Persons with "low blood" should "do the opposite" to persons with "high blood." They should eat meats, especially very rare meats "with the blood running out." Liver is strongly recommended. Beets or beet juice and red wine were also widely suggested. Several informants also felt that the "low blood" person should eat a diet with many greens, eggs, fruits and vegetables in it. A few people said that raisins and black molasses are helpful.

As can be noted in the foregoing discussion, patent medicines are frequently used in combination with other remedies. In addition to Aspirin and Tylenol, already mentioned, medicines for stomach ailments and colds are popular. Older informants sometimes complained that young people nowadays run to the drug-store when they could fix up something just as therapeutic for less money at home.

A few home remedies described by study participants were of interest and did not seem to fit into any of the above categories. The most prevalent belief of this type was in a cure for nosebleeds. Although there were many variations, the two major features of the cure are: paper under the upper lip and a set of cold keys hung down the victim's back. Another remedy which did not fit other categories was one for earaches. Pipesmoke is blown into the ear and then a piece of cotton put in place. Sometimes the smoke is passed over water or a damp cloth is put over the pipe's bowl.

A few remedies seemed to have a magical quality. Thrush, commonly called "thrash," is treated by some with boric acid and urine. One person, however, knew of a more unique cure: "Carry a child to a spring with running water and have him drink out of shoe from someone who ain't no kin to him." One remedy for a nail puncture includes the stipulation that the nail must be taken and burned "to stop the poisoning." The informant who suggested this cure also mentioned that the wound should be bathed in salty water followed by peroxide to "boil the infection out."

My data on home remedies are too extensive for further consideration in this chapter. A more

complete listing of self-care measures can be seen in Appendix D.

As shown in the above discussion of herbal, patent, household and other therapeutic substances, study participants were familiar with a broad variety of cures. In many instances the various categories are combined, as was illustrated by the person who used peroxide and also burned the nail in treating a puncture wound.

#### Sources of Health Advice

Earlier chapters have emphasized the importance of family, neighbors, ministers and books as resources to consult on health matters. These same resources are also sought for advice on healing methods.

Home medical books offer many suggestions and are the source of several of the home remedies described in the previous section. Another type of book which is utilized by at least two informants is called The Sixth and Seventh Books of Moses. This book is described in the literature as a book used by conjurers and other persons involved in magic (Hyatt, 1970; Yoder, 1976). In it there is a treatise on the use of Psalms in healing. The two informants who admitted familiarity with it stated that it is a very useful book for healing purposes. They denied use of it

for hoodoo, however,

Thus far in this chapter we have considered the role of religion in the restoration of health, as well as two healing approaches: the use of lay healers and self-care therapies. Next we will consider the role of allopathic medicine.

#### Ethnomedicine: Allopathic Health Care

The formal health care system of Colonial County was described in Chapter III of this document. Since there are no outpatient clinics at the hospital nor any general medical services at the health department, the only formal source of primary care for residents is a private physician's office. Health advice, however, may be received from professional staff of the hospital or health department when people are clients of those services. In addition, pharmacists may be consulted for advice about treating health problems.

#### Beliefs About Allopathic Medical Care

A discussion of informants' beliefs about allopathic medicine and its practitioners may aid in understanding the articulation between it and other approaches to healing. The major spiritual view that God is the ultimate healer, not humans, was described earlier and is mentioned only as a reminder to the



reader. The discussion which follows will address beliefs which study participants expressed about racism, competence, trust and cost as facets of the allopathic medical mode of curing.

As was explained earlier, racism persists in many forms in Colonial County today. The white-dominated health care system exemplifies this problem. All physicians, the chief source of primary medical care, are white and have white office staffs. Several informants commented on unequal treatment in physicians' offices. For instance, one woman with a sick child was kept waiting until every white client at the office had been seen, although she had been there ahead of many of them. When the doctor finally did see the child, he was considered ill enough to require hospitalization.

Before civil rights legislation, area physicians maintained separate waiting rooms for black and white clients. In former days, the rooms bore signs designating the race. Although the signs no longer exist, two offices have done nothing to change the physical layout. This is a very sore point with informants. As one person explained: "It makes you feel uncomfortable, stigmatized, even though you know you have the right to sit where you please." Several people

pointed out that whites in the waiting room sometimes stare at them disapprovingly or even make nasty comments when they sit on the "white side." One respondent stressed that blacks are seldom treated as adults. She feels the problem is greater for the more affluent and educated black, as whites assume that all blacks are poor and uneducated and treat them all the same.

While some doctors were described as fair in their treatment of blacks, two were repeatedly mentioned as discriminatory and as not liking black people. Many informants avoid all contact with these two doctors, if possible.

There were many expressions of lack of trust about facets of allopathic medicine. For instance, the health department was described as an embarrassing place to go for care, because confidentiality is not maintained and staff have at times been overheard "making fun" of clients. Some informants felt that physicians never seem to be able to resolve a health problem in one visit but always "want you to keep coming back," possibly to "pull more money out of you," or perhaps to try out different treatments on you. Several persons also stated that doctors "never tell you anything" and "don't really care about you." Respondents also felt that some blacks go to physicians

and believe everything they say "just because they are doctors" but, as one said, "there's just as big fakes in doctors as in anything else." Moreover, religious beliefs again are a factor because "if a doctor don't have no concern in God, I don't believe he can help you anyway." One person suggested that politics is a factor in the approval of drugs by the Federal Drug Administration, so that acceptance of medications is based on political rather than scientific criteria.

Not only do many persons distrust certain aspects of allopathic medicine, but many also lack confidence in the competence of some professionals. One informant told of a woman who went through nine months of "pregnancy" under a physician's care but was not pregnant. Several people questioned the lack of health histories, physical examinations or x-rays by some doctors when they are diagnosing problems. A few physicians have the reputation for talking with a patient for five minutes and then prescribing medicine "without ever laying a finger on" the person. As one person pointed out, the doctor's attitude is important to healing, whether his actions show that he is "really trying to get to the bottom of your problem." Another informant suggested that "you go to doctors and they tell you to come back. They give you stuff and

then while it's working up on you, they're reading up on it to see what to do."

The dependability of medications was a question in some persons' minds. Sometimes a drug may make a person sicker rather than better, or "in trying to cure one thing, they bring on another." Some informants were also suspicious that some medications prescribed may be expensive and yet be "nothing more than Aspirin."

Costs of health care have been escalating at a rapid pace in recent years. Medicaid and Medicare insurance have helped many people to defray some of the high price of care, but many expenses are not covered by insurance programs. Medicines, for example, are not paid for by some policies, and dental care is not provided by most. Moreover, most study participants do not qualify for Medicaid assistance due to being married and/or to owning too much land. Consequently, difficulty in affording the high price of allopathic medicine was mentioned by many informants.

According to some respondents, drugs which have been prescribed for daily use may only be taken when experiencing symptoms, in order to save money. For the same reason, people may delay care or try home remedies first. One person mentioned borrowing or

loaning a prescription medicine to a relative since they both use this drug. Some people reported buying only a portion of an ordered medication due to insufficient funds.

Lay midwives used to deliver most of the babies in the black community, but the last licensed midwife retired in 1981. Some informants suspect that money was the primary reason that this source of care has been eliminated. As one person explained: "Doctors figure if you have a lot of midwives, it stops a lot of people from coming to the hospital, but a lot of people don't have those \$1,000s to have a baby in the hospital." One informant summed up the feelings of many about the financial aspect of allopathic health care: "Doctors is just like lawyers. If you got money, you can get a lot of representation, but if you ain't got no money, Baby, you's in bad shape."

#### Allopathic Medical Care

As was mentioned earlier, physicians, nurses and pharmacists may all be sources of health advice for informants. The following brief comments are examples of information attributed to professional sources:

You shouldn't use heat on arthritis or rub it with anything as that will scatter it all over the body.

If you have a nosebleed, use brown paper

under your upper lip.

I has high blood. Sometime I get a pain in my head. My doctor calls it arthritis.

My son had a pain in his ankle. The school nurse said to bathe it in hot water and put heat to it.

To prevent cold from settling in your bones you should get a shot.

As can be seen, some of the information cited has implications for analysis of the use and rationale for self-treatment methods described earlier. All of the examples are illustrative of health education pertinent to healing practices.

Several informants were particularly critical of the lack of health education in Colonial County. The typical approach to education, according to informants, is setting out a rack of pamphlets or passing out brochures for people to read. One key informant on this topic explained that most people are not oriented to what happens to people "in general." They need information that applies to them personally in specific terms. No prenatal teaching was provided to some informants when pregnant, and others described very minimal teaching. This inadequacy was true both for private and for health department care.

Many experiences with the formal health care system were discussed with study participants. A few

examples are included below:

Our daughter had an asthma attack so we took her to the Emergency Room. We were kept waiting a long time, but we could see doctors and nurses laughing and eating something, so we didn't feel like they were pressed for time. I got aggravated and said so when they finally saw my daughter. The doctor told me she wasn't really an emergency, so I asked why he gave her a shot if he didn't think she was having a problem (Cheryl Walker).

I was in town shopping and suddenly got a pain in my chest. They took me to the closest doctor and he ran lots of testes [sic] on me. He asked if I was upset about anything and I said, "No, ain't nothing bothering me." But he said sometimes nerves bothers us and we don't know it. I had a pain something like that a year ago but this one was much worser (Mahalia Green).

I took my baby to Doctor \_\_\_\_\_. She was sick and carrying a fever. He gave her some medicine--he never does no exam or nothing. She got sicker so I carried her to the hospital in town and they didn't find nothing either. She kept getting sicker, so I carried her on up to Richmond and they did an x-ray. They said she had pneumonia and took care of her (Rebecca Hart).

I was having pains in my stomach and passing water all the time so I went to the doctor. He said it was just old age. So I got me a book and read up on it. In less than a week I got rid of that problem. I took cider vinegar every morning (Sarah Ash).

In three of the situations just described, the informants were dissatisfied with the care received and felt that they had to take action themselves. Mrs. Green accepted the doctor's diagnosis of "nerves" but wondered why she had the chest pain when she did and why she had not had pain on other occasions when she knew

she was upset over something. Still, it is her belief that doctors know what they are doing, so she was satisfied with care.

One might wonder why Mrs. Hart chose initially to seek care from a doctor who never "does no exams," but this decision reflects a characteristic of Colonial County medical practice. The specialists are more expensive than the general practitioners, newer to the area, and require appointments, often weeks in advance. The general practitioners are less costly, better known, and can be seen without prior appointment. Many informants, therefore, stated that they still seek care from the general practitioners even though they believe the newer doctors may be more thorough.

### Summary

The folk belief system associated with healing modes engaged in by informants has been explored. Key resources for regaining health were shown to include spiritual, physical and psychosocial agents, with God viewed as the ultimate healer of all sickness. Once again, the unity of mind, body and soul is stressed in the resolution of health problems. The importance of the mind is reflected in informants' beliefs about faith, confidence and mental attitude and their influence on treatment outcomes. The importance of the



body is shown in informants' beliefs about using home remedies, pharmaceutical products and allopathic medical therapies. The importance of the soul is illustrated in informants' beliefs about prayer, faith in God, and the Bible as major aids in regaining health.

As in prior chapters relating to the health belief system of Colonial County blacks, therapeutic measures were found to involve elements both of a general and of a specific nature. Informants might try to strengthen their faith in God in an effort to overcome a sickness, while at the same time using a home remedy and/or medicine prescribed by a physician. For instance, one informant who has "high blood" believes that if she can build up enough faith, her condition may be cured. While she is strengthening her faith with the help of her pastor, she continues to take a prescription drug and to use garlic and lemon to bring her blood down. This approach of combining healing measures was a recurrent theme in the data.

The assertion that symptoms of illness are generally irrelevant to many blacks, because cause is the major factor in choice of treatment, was only partially supported by the data of my study (Hill & Mathews, 1981; Snow, 1971). For those health problems believed to be caused by malevolent forces, healers are sought

who can counteract these forces, regardless of symptoms. However, most episodes of treating sickness, according to informants, involve focusing on symptoms, using home remedies or allopathic medical treatments. Still, this is a more complex issue than it appears at first glance, since the beliefs about prevention, etiology and treatment are all intertwined, and single therapeutic actions for single episodes of illness only reveal part of the problem. In the concluding chapters of this thesis, the theoretical threads relating to restoration of health will be woven together with the theoretical elements relating to health prevention and causes of sickness.

## CHAPTER VII

### SUMMARY CONCLUSIONS AND NURSING IMPLICATIONS

In the preceding chapters the folk belief system of a group of rural Virginia blacks has been described and discussed. Through this exploratory process I have sought to examine the meaning of health beliefs and practices within the social, economic and political context of the Colonial County community. In this final chapter both the contextual influences and the health belief system of study participants will be summarized and key themes and patterns explicated. The relevance of this study to the practice of nursing will also be discussed and implications drawn.

#### Community Profile

Blacks have a long history as residents of Colonial County, having been introduced to the area as slaves over 300 years ago. Following the slavery years, came many years of continued oppression and enforced segregation in most aspects of life. Civil rights legislation and court decisions in the 1950s

and 1960s have resulted in many improvements, but institutional racism still persists.

The social context of black life in Colonial County for most Afro-Americans is one of de facto segregation in many areas of daily living. Two institutions within the black community are particularly valued: the family and the church. Virtually all study participants maintain close ties with family, and many live with or near extended family members. Contact with those who live elsewhere, even at some distance, is also valued. The church is an important center for social activity and has often served as a clearing-house for political and economic concerns. Community leaders have usually come from the clergy or from active participants in the church. Although Baptists are the predominant religious group, Pentecostal and Jehovah's Witness churches have made a small inroad.

Most informants were born in Colonial or neighboring counties, as were their parents and grandparents before them. Thus there is a stability within the black community. However, this stability is now threatened by the need for youth to leave the area for advancement in education and occupation.

The economic context in which Colonial County blacks function is dominated by whites. Historically,

the waterways have provided for trade with urban areas and for a productive seafood industry, making the county somewhat unique for a rural area. For blacks, the opportunity for jobs and for land tenure has been greater than in many other rural locales in the southern United States. However, job conditions in the predominantly black occupational settings have included unstable employment, low wages, and often messy, unpleasant work and an unhealthy environment.

Unlike many rural counties, Colonial has had the services of a physician available for as long as any informant can recall, and for over 50 years has had the services of at least two. The hospital, built and opened in 1977, brought a dramatic change in the health care structure by being instrumental in attracting some 15 physician-specialists to the county. In addition to the specialists, there are four general practitioners who have been in the area for over 20 years and one who established an office after the advent of the hospital. A health department provides family planning, prenatal and child-screening clinics, as well as some home health care services. The health care system within the county is white-dominated, with all physicians and their office staffs, as well as all health care administrative personnel, being white.

Similarly, the political context of Colonial County blacks is one of white power and control. Both formal and informal political control is in the hands of whites. Racism has enabled whites to rationalize their dominance in the economic and political spheres.

Through religious beliefs and guidance of preachers, many blacks have been helped to cope with white racism. Recognition of black moral superiority to whites has eased some of the hurt of being treated as inferior. However, the religious emphasis on ultimate justice in afterlife has also at times contributed to political passivity in this world.

#### The Meaning of Health, Sickness and Cure

The health belief system of study participants reflects the strong influence of the religious belief system. God, faith, prayer, sin, fate, the Bible, salvation and afterlife were all shown to relate to health, sickness and healing. A majority of informants expressed the following beliefs:

1. God should be foremost in your thinking and thanked for all your blessings, including health.
2. God has a plan for you. You may not always know His plan, but it is not for you to judge.

3. Put your faith in God and He can do anything, but you must believe and you must pray.
4. The Devil will constantly try to tempt you and to win control of your soul. Everyone will sin at times, but you must repent your sins to be saved and to have eternal life in the next world.

These spiritual beliefs form the core of the health belief system and are moderated by concepts of a secular nature. The relative strength and influence of sacred and secular beliefs varies with individuals as a result of intracultural variation in experience, family interaction, religious training, and personal philosophy of life.

### Staying Healthy

To most informants, being healthy means feeling well and being able to carry out everyday activities. In order to stay healthy, people are encouraged to eat, dress, rest and exercise "properly." The beliefs as to what constitutes "proper" care are a combination of guidelines from family, friends, books, physicians and the public media. Putting God first in one's life and leading a good Christian life may help to promote a person's physical health and are crucial to one's spiritual health. Living "close to God" is also a key

to prevention of sickness or other harm caused by malevolent forces. In addition, a positive mental outlook assists in health promotion. The Bible, one's pastor and prayer are all resources which can help a person strengthen spiritual and mental health, and thereby also physical health.

### Having Health Needs

Concepts about the body and the way it functions influence people's beliefs about the etiology of sickness as well as their ideas about preventing or curing sickness. Study participants believe that some people have weaker body systems than others and that anybody's system may be weaker at certain times. A system which is weak or "down" places the person at greater risk for sickness.

There are several potential causes of ill health: sin, Satan, evil spirits, mental attitude, fate, stress, worry, environmental factors and personal actions. These general categories of cause are supplemented by specific causes such as eating certain foods or having a germ enter the body. However, any given episode of sickness is apt to be viewed by many informants as being associated with more than one cause. For instance, a person's blood may be "up high" because of eating too much salt and worrying too much.



Both folk and allopathic medical explanations may be combined in conceptualizing causes of sickness. Sources of information which people reported using to help them understand body concepts and sickness causes included: family, friends, pastors, home medical books, personal experience and public media. Allopathic medical sources were not readily accessible and were rarely consulted on these topic areas.

### Regaining Health

As might be anticipated, informants emphasized many religious beliefs in discussing approaches to healing. Regardless of the therapeutic measure selected by an individual, God is believed to be the healer. Strength of faith in God, as well as in His agent of healing, are important factors in a successful outcome. Prayer and the Bible are beneficial adjuncts to all curing techniques. While fate may influence health, people are encouraged to be active participants in efforts to restore their health.

Examples of healing modalities utilized by informants included: lay healers, such as faith healers, gifted persons, and root doctors or spiritualists; self-care therapies, such as home remedies; and allopathic medicine. Typically, informants combine elements from several modes into an eclectic therapeutic

approach to healing. Choice both of healers and cures may be influenced by religious beliefs, socioeconomic realities, psychosocial factors, and institutional racism, as well as by the specific symptoms requiring treatment.

### Key Themes and Patterns

The social, political and economic contexts in which a health belief system evolves are important in influencing the nature of that process. The contextual background of Colonial County blacks differs in many respects from that of other rural locales in the southern United States, and these differences are helpful to consider in interpreting data and drawing conclusions on the health belief system described in this study. These differences include the following:

1. Economically, blacks in Colonial County have had less problem with land tenure than in many rural locales. Acquiring and holding onto land has been possible for most informants and their ancestors in the 20th century. Informants suggest that land tenure was aided by the competitive job market, enabling blacks to choose between land and sea jobs and also to seek employment in cities accessible by boat.

2. Politically, informants report two differences from "down south." Violence, such as lynchings

by the Ku Klux Klan, has not been practiced in this century by whites in Colonial County, who instead seem to prefer to oppress blacks by limiting their opportunities for economic and political power. Secondly, informants claim that voter registration by blacks was not restricted by direct actions of whites.

3. Educationally, informants believe that the black community was affected by the establishment in the nineteenth century of two black colleges within a 100-mile radius of Colonial County. A few early black leaders were college-educated and were greatly respected and admired.

4. Religious development has been influenced by the leadership of seminary-trained pastors in at least two churches ever since the late nineteenth century. The congregation in one church worked together to send one promising young man to a seminary so that he could return as pastor.

5. Medically, within the lifetime of even the oldest informants, the county has always had two or more physicians. A black physician practiced in the area from about 1917 until 1950 and is warmly remembered by older residents.

Altogether, the differences between Colonial County and many other southern rural areas suggest the

likelihood of a black population with greater sophistication and more urban influence than might be expected in the rural south. Informants seem to view themselves as "better off" than blacks "down south," although some suggested that some opportunities for blacks may be equally limited in both geographic sections.

### The Health Belief System

There is a blending of spiritual, mental/emotional, and physical aspects of health in the folk belief system of Colonial County blacks. The unity of mind, body and soul is a key theme which underlies informants' beliefs about health promotion, prevention of sickness, causality of health problems, and restoration of health. For most participants in this study, spiritual beliefs about health are the predominant ones, and their worldview seems to be that man's relationship with God is more important than earthly concerns of daily life, that all people will experience trials and tribulations, including sickness, from time to time, but that one can always depend on God and look to Him for help, guidance, love and support. Moreover, human beings lack a complete knowledge of all the forces in the world which may affect their lives and, realizing their limits, should never doubt

any possibility completely. A primary goal of earthly life should be to plan for one's eternal life.

While this worldview helps to explain the philosophic outlook of informants as to their place in the universe, it is too abstract to be useful for concrete decisions about health. It has been shown in this study that participants believe that there are both general and specific factors which affect health. People draw upon both in understanding health conditions and how to deal with them. Since health is a multifaceted concept, health practices require a multifaceted approach. Therefore, informants combine elements from all parts of the ethnomedical system, turning to spiritual, physical and psychosocial approaches and resources in resolving health matters. These varying, and sometimes conflicting, approaches may be used concurrently.

Health beliefs and practices reflect a degree of continuity with the past. Sometimes newer substances, such as patent medicines, have been substituted in traditional practices of an earlier time. In this way, folk medicine becomes modernized.

Demographic characteristics of the blacks who participated in this research were not clearly associated with any particular belief system. Some

authors have suggested that social marginality is a primary factor in the persistence of traditional or folk health beliefs (Hill & Mathews, 1981; Jackson, 1981; Scott, 1974; Snow, 1977, 1979). However, such beliefs have been reported in groups such as Mormons or Germans, who would not necessarily fit the label of "social marginals" (Fife, 1976; Spindler, 1979). Moreover, other authors have suggested that the allopathic medical system is in a state of crisis, and that the more holistic approach to health inherent in much folk medicine is being developed and expanded in the United States (Moore et al., 1980). As Powell (1982) points out:

In social circumstances in which modern medicine is available, it becomes evident that for many it is but one choice among a variety of alternatives. When people can choose, both the orthodox health care system and alternative choices tend to be used nonexclusively and for different reasons.

The data in my study seem to fit Powell's comment. Similarly, I noted that the religious beliefs of blacks in reference to health were strikingly similar to those of Mormons. Faith healing, prayer, calling the elders of the church when sick, and casting out of devils are all addressed in the Doctrine and Covenants (35:9; 42:43-44; 46:19-20; 66:9; 84:68). American members of the Church of Latter-Day Saints

would not be described by many persons as people who are socially marginal and lacking access to allopathic medicine. Rather, the data on Mormons, as well as on Colonial County blacks, suggest that spiritual outlook helps to meet health needs in ways which allopathic medicine does not.

It is my impression that persistence of folk beliefs among participants in my study is associated with many factors. These include: closeness of family ties, particularly with grandparents; reputation of family members or others for knowledge or expertise in health matters; religious views and strength of faith; and individual personality differences. Further research is needed to explore the reasons why certain health beliefs persist.

#### Nursing Implications

The study of Colonial County blacks has several implications for nurses. As an example of research with a cultural group, the study has implications both for that specific group, rural black Virginians, and also for the study of other cultural groups. America is a multicultural society, and nurses need to be able to practice nursing effectively within this culturally diverse society. As my concept of nursing practice includes education and research as well as direct care

of clients, I will discuss implications for each of these three domains.

At present, many nurses lack knowledge of cultural beliefs and practices which relate to health matters. Many nurse educators do not yet recognize the need for including cultural aspects of nursing care in the nursing school curriculum. As more nurses become aware of the need, studies such as mine can be helpful examples of health beliefs and of topical areas for assessment. Nursing curricula are often based on the medical model associated with allopathic medicine. Cultural studies, however, suggest that this professionally ethnocentric model does not serve the needs of a cultural group such as the participants in my study.

In the area of direct client care, it is important for nurses to create an atmosphere of respect for beliefs which differ from those of the nurse. The nurse will frequently not be aware if the client is utilizing health practices other than allopathic medicine, as people may not admit to health behaviors for which they fear ridicule or chastisement, and allopathic medicine is still the ostensibly socially acceptable norm in most American communities. Nurses need to include cultural domains along with other



facets of client assessments. My study suggests general areas of preventive health beliefs, concepts of body function, sickness etiology, and lay or self-healing measures. More specific information would be needed in specialized areas, such as childbirth beliefs when caring for pregnant women. Nurses should also try to learn what the client expects from the health care system and how he or she would like to be helped.

With black clients specifically, the nurse might consider the possibility that parts of my data are applicable to other blacks. For instance, religious beliefs may be important to many blacks and some may believe in faith healing. My study raises the possibility that clients and nurses may not always share the same meanings for words. It is also suggested that racism may exist in some health systems. Nurses need to be alert to these potential problems and to seek to resolve them. Another implication of my data is that allopathic medicine is neither the only answer nor always the most effective one for health needs. Nurses need to try to accept this idea and to be willing to work with ministers or others who may be a part of the client's approach to health. Health education, as depicted in Colonial County, needs

considerable improvement. Nurses elsewhere might want to check the effectiveness of their educational approach with clients who are culturally different from the nurse.

As mentioned in the first chapter, very few studies relating to cultural groups and aspects of health or health care have been reported in the nursing literature to date. Yet further research is needed, for instance, on folk health belief systems; the knowledge and attitudes of allopathic medical practitioners, particularly nurses, about folk health beliefs and other parts of the ethnomedical field; popular concepts of illness and its causes; cultural patterns in use of allopathy and other alternatives to health care; beneficial as well as detrimental effects of folk practices; and culturally varied approaches to health education. Research focusing on the more affluent and powerful segments of cultures would be helpful in gaining a more comprehensive understanding of the patterns of health beliefs and practices in a given culture. Nurses might also find it valuable to study nursing in other cultures to identify elements which might help to improve American nursing.

In this study I have tried to depict the health culture of a group of blacks in a rural area of

Virginia in an objective manner, while at the same time conveying a sense of what it means to these blacks trying to stay healthy, having health needs, or trying to restore health.

## APPENDIX A

### INFORMED CONSENT

My name is Millie Roberson. I am a graduate student at the University of Utah and I'm doing a study of peoples' ideas and beliefs about health. I would like to talk with you about your ideas about health and illness. I feel that information of this sort may help nurses and doctors to give better care to patients. If you are willing to talk with me for my study, I will ask you several questions. (I will tape our discussion if that's O.K. with you.) I will keep anything you say to me strictly confidential. No names will be used in the study and what I write down will not have your name on it.

If I ask any question which you do not want to answer, you just tell me and we'll skip that one. Also, if at any time you want to drop out of the study, that's O.K. too.

Naturally, if you want to ask me anything about the study, I'll be happy to answer your questions. There aren't any risks involved in this study, because all we will do is talk about your beliefs.

Thank you.

APPENDIX B

INTERVIEW GUIDE AND HEALTH  
CALENDAR

Interview Guide: Sample Questions

1. What might a person do to stay healthy or protect his health?
2. Have you ever heard of using charms?
3. Some people believe sickness can be caused by other people putting a fix or trick on them-- have you ever heard of that happening?
4. Would God have anything to do with people getting sick or staying well?
5. Are a person's days numbered when born?
6. Have you ever heard of people with a special gift or power to heal?
7. What might a person do if he had a cold?
8. If a cold isn't taken care of, can it lead to something else?
9. If a person has high blood, what might help to bring it down?
10. What causes birthmarks in a baby?
11. Can blood get dirty? How can it be cleaned?
12. Are some blacks considered higher or lower class than others here?
13. What sorts of experiences have you had with health care here, such as doctors' offices, the hospital, nurses?

Health Calendar

Date	Family member	How the family member's health was today?	What was done about it?	Where health information came from?	Results



## APPENDIX C

### GLOSSARY

Afflicted: Mentally or physically disabled. (Example: An afflicted man lives next door.)

Blood clog: Blood clot.

Bruised blood: Blood that forms under skin following trauma to a part of body.

High blood: Too much blood in circulation in the body or pressure that is too high.

Low blood: Too little blood or too low blood count or too thin blood.

Call the name: Remember the name. (Example: I can't call his name right now.)

Carry a fever: Have an elevated temperature.

Carry a person: Take or drive someone. (Example: She carried me down to the doctor.)

Coming up/coming along: Growing up. (Example: When I was a child coming up, we walked to school.)

Creep: Move very slowly as in advanced age or when "feeling poorly." (Example: I just creep around as best I can.)

Don't eat after nobody: Be careful about who prepares the food you eat.

Drawn or drawn: Pulled. (Example: I had all my teeth drawn.)

Evil: Fussy, fretful as in children. (Example: He's been evil all day long.)

Falling off: Losing weight.

Fixed: State resulting from harm inflicted by malevolent forces.

Gal: Not a nice woman.

Getting happy: Being struck by God's Holy Spirit. (Example: Sometimes I gets happy in church.)

Head of children: Expresses number. (Example: How many head of children do you have?)

Hopping: Limping. (Example: Since my stroke, I be hopping all the time.)

Messed up: (1) Problem-ridden; (2) Injured or beaten. (Examples: (1) Her family is all messed up. (2) They messed him up pretty bad.

Might could: Would be able if wanted to; possibly would be able. (Example: I might could learn to shuck oysters.)

Out in the world: Leading a sinful life. (Example: You can't be out here in the world all week long and expect God to forgive you on Sundays.)

Piddle: Keep busy with small tasks. (Example: I always piddle with something.)

Puny: Weak or small for size. (Example: I used to be puny.)

Put something on you: Harm you through hoodoo or evil means. (Example: A jealous person might put something on you.)

Raised up: Brought up, reared. (Example: She's the woman I was raised up by.)

Rebbish: "Red-necked white" attitude, racist.

Rising: Boil.

Seeing things: Having visions or dreams, often of future. (Example: I been seeing things since I was 10.)

Shedding teeth: Losing teeth. (Example: My son hasn't finished shedding his teeth yet.)

Show himself: Show off, misbehave. (Example: He's been showing himself all day.)

Sugar: Diabetes mellitus; also used in reference to a precious child as term of endearment.

Tainted: Spoiled. (Example: My saltfish was tainted and had to be thrown out.)

## APPENDIX D

### HOME REMEDIES

### Herbal Remedies

<u>Teas</u>	<u>Health Application</u>
Boneset	Blood impurities
Calamus	Colds, upset stomach, constipation
Catnip	Colds, upset stomach, rash, wind colic
Comfrey	Constipation
Ginger	Rash, dysmenorrhea
Hops	Bladder/kidney problem
Jerusalem oak	Upset stomach
Jewsamoke (?)	Colds, worms
Life everlasting	Colds
Oak leaves, boiled down	High blood
Peach branch or leaves	Low blood, sugar
Peppermint, mint, clove or nutmeg	Upset stomach
Red oak bark (from north side of tree)	Colds
Sage	Constipation
Sassafras	Rash, blood impurities
Tansey	Colds, upset stomach, dysmenorrhea
Wild cherry bark	Sugar

### Poultices

Cabbage leaf, bruised	Fever, headache
Cherry bark	Splinters

	<u>Health Application</u>
Comfrey, stewed	Cuts
Flaxseed, tansy or jimson weed	Boils/risings
Mullein	Sprains
Mullein, jimson or lamb quarter	Swellings
Mullein, pine bark and poke weed	Arthritis
Tansey	Headache
<u>Syrups</u>	
Horehound leaf and sugar	Cough
Wild cherry bark shav- ings and sugar	Cough
<u>Other</u>	
Aloe vera, cut and apply juice	Burns
Calamus root, chew	Upset stomach
Comfrey, bruise and rub on	Stings, bites
Grasses, take 3 and bruise together	Stings, bites
Jimson weed or Jewsamoke, smoke	Asthma
Pennyroyal	Arthritis

### Household Substances

<u>Teas</u>	<u>Health Application</u>
Black pepper	Diarrhea
Cinnamon or nutmeg	Diarrhea

### Syrups

Lemon and honey	Colds, cough, fever
Onion and sugar (whiskey)	Colds, cough fever

### Oral Remedies

Alfalfa	Arthritis
Baking soda	Headache
Baking soda with vinegar	Upset stomach
Baking soda in water	Wind colic
Beef liver	High blood
Beets	Low blood
Black molasses	Low blood
Blackberry juice	Diarrhea
Blackberry wine or red wine	Low blood
Blackberry wine with starch	Diarrhea
Brewer's yeast	Sugar
Castor oil, lemon juice and baking soda	Arthritis
Cereals, potatoes or rice	Low blood

Health Application

Coca Cola	Headache
Cream of tartar	Upset stomach
Damson preserves	Hiccoughs
Eggs	Low blood
Fish, fresh	High blood
Flour, water and nutmeg	Diarrhea, wind colic
Garlic, garlic salt or onions	High blood
Grapes, white seedless	Constipation
Green vegetables, lettuce, carrots	Low blood
Juices, fruits	Low blood
Lemon, undiluted juice of $\frac{1}{2}$ lemon for 5 a.m.s consecutively	High blood
Lemons, lemon juice	Arthritis
Liver, rare meat or raw fish	Low blood
Molasses and sulfur	Sugar, rash
Pickles, sweet pickle juice	High blood
Potato, white--sliced in 1 quart of water	Arthritis, high blood
Raisins	Low blood
Rice	High blood
Sheep manure tea	Whooping cough
Skim milk	High blood



	<u>Health Application</u>
Turpentine or coal oil, drops on sugar	Colds
Vegetables, eat plenty and avoid refined sugar	Arthritis
Vegetables, green	High blood
Vinegar	Bladder/kidney problem
Vinegar or lemon juice	High blood

Poultices

Cabbage, bruised (bind in place)	Fever
Onion, raw--cut up (bind in place)	Fever
Potato, raw--sliced (bind in place)	Fever

Topical Treatments  
in the Mouth

Ammonia, spirits of-- drops on tooth	Toothache
Lemon extract	Toothache
Lye, rolled into pill	Toothache
Marrow from hog jawbone	Toothache
Perfume, cheap	Toothache
Red pepper seed	Toothache
Scabs from horse's knee or ankle	Toothache
Shoe polish, white	Toothache
Tobacco	Toothache

Health ApplicationUrine, plain or with  
baking soda

Thrash

Vaseline

Thrash

In the Ear

Chamber water, warm

Earache

Honey

Earache

Milk, warm (1-2 drops)

Earache

Molasses

Earache

Mussel juice, hot

Earache

Salt bag, hot

Earache

For the NoseCold to forehead, back  
of neck

Nosebleed

Salted fatmeat

Nosebleed

Vaseline

Nosebleed

On the Skin

Bluing

Burns

Bread soda

Stings, burns

Castor oil x 9 days,  
wait x 9 days, repeat

Corns

Chlorox, 1 drop in  
1 pint water

Rash

Chlorox or ammonia

Wounds from crabs,  
stings

Cobweb

Spider bites, burns,  
cuts

	<u>Health Application</u>
Cough syrup, 1 teaspoon	Bee sting
Dry mustard, make paste, spread on, cover	Arthritis
Egg membrane	Boil/rising
Egg white	Burns
Fatback, salty fatmeat, bind to spot	Boils, cuts, punctures, sores, splinters
Flaxseed meal, make paste, spread on	Boils, risings
Flour, burnt or browned	Rash
Flour, pack on	Cuts
Gasoline	Cuts
Grease, butter	Burns
Green walnut, cut (rub on)	Ringworm
Heat, dry or moist	Arthritis
Hog jowl lard, massage legs	Immobility
Honey	Bee sting
Lemon	Stings
Linseed oil	Burns
Meat tenderizer	Stings
Milk	Poison ivy, burns
Mud	Cuts, stings
Needles, "gold eye," dissolve 9 in bottle white vinegar, massage part	Arthritis

	<u>Health Application</u>
Oatmeal	Rash
Octagon soap, dipped in water	Burns, poison ivy
Octagon soap mixed with sugar	Stings, splinters
Onion, cut and salted	Stings
Potato, raw, cut	Burns, visual blind spots
Prickly pear, split (bind on)	Splinters
Saliva	Stings
Salt	Cuts
Salt, then vinegar	Stings
Seafood seasoning	Stings
Snuff plaster	Burns
Soot, ashes, tobacco	Cuts, punctures
Sulfur and milk or molasses	Sores
Sulfur and Vaseline	Cuts
Termite or worm dust	Rash
Tobacco, chewed	Bites, stings
Tobacco bruised, tobacco juice (bind on)	Boil/rising
Toothpaste	Burns
Turpentine or coal oil	Cuts, punctures, sores
Vanilla extract	Burns

Health Application

Vaseline and ice or sulfur; carbolated Vaseline (?)	Burns
Vinegar with copper penny in it	Ringworm
Yeastcake in milk, make paste (bind on)	Boils/risings

Other

Smoke Rabbit or Life Everlasting Tobacco	Asthma
Wear support hose	Low blood

Patent MedicinesOral Remedies

Asafetida, roll into pill	Asthma
Aspirin	Colds, arthritis, head- ache
Castor oil	Colds
Cod liver oil	Bone growth
Epsom salts	High blood
Niter	Fever, nerves, palpita- tions
Paregoric, drops	Toothache, upset stomach
Quinine	Fever
Sweet niter	Toothache
"3 6s" Cold remedy	Colds
Tylenol	Fever, headache

Health Application

Vaseline and sugar

Cough

Topical Remedies

Alcohol

Cuts

Aspirin or "nerve pill,"  
apply locally

Toothache

Ben Gay

Fever

Boric acid

Rash, thrash

Calamine lotion

Poison ivy

Choline (?) salve

Sores

Epsom salts in hot  
water

Boils, cuts, punctures

Mustard plaster  
(to chest)

Chest colds

Mutton tallow or Vicks  
Vaporub (to chest)

Chest colds

Peroxide or iodine

Cuts, punctures

Sweet oil, 1-2 drops

Earache

Toothache Drops

Toothache

Vaseline

Rash

Vitamen E oil, Vitamin C

Sores

Yagers (?) White  
Liniment

Arthritis

OtherAspirin dissolved in  
hot water, gargle

Sore throat

Horehound candy

Cough, sore throat

### Miscellaneous Remedies

<u>Topical Treatment</u>	<u>Health Application</u>
Blow breath in mouth, by someone not kin	Thrash
Blow pipesmoke into ear	Earache
Carry child to spring with running water and have him/her drink from nonkin's shoe	Thrash
Combination household and patent drugs: Hog foot oil Linseed oil Mentholatum Mutton suet Mix, bathe skin, then apply--daily	Burns
Cotton, run through a pipe stem, apply to tooth	Toothache
First snow in March, bathe eyes	Improve vision
Smoke from pipe, using Rabbit or Life Ever- lasting Tobacco	Toothache
Snake oil liniment	Arthritis
 <u>Other</u>	
Burn nail causing wound	Nail puncture
Bury person in ground, to the neck	Black widow spider bite
Grease nail with lard and nail above door	Nail puncture

Health Application

Hang cold keys down back and put brown paper on gum under upper lip	Nosebleed
Horsehair, tie tightly around wart	Warts
String tied tight around little finger	Nosebleed
Yarn rags in a bucket, burn to create smoke (hold wound over)	Puncture



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